

MATERIAL REVIEWED AT CIA HEADQUARTERS BY  
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

FILE TITLE/NUMBER/VOLUME: Personnel file:  
Thomas B. CASASIN [redacted]

INCLUSIVE DATES:

CUSTODIAL UNIT/LOCATION:

ROOM:

DELETIONS, IF ANY: Sources and methods

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
9.8.78	10:10	Betsy WOLF	<i>Betsy Wolf</i>

3220087

RICHARDSON, JACQUES C. 006102

SECRET

(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>					DATE PREPARED <b>5 April 1972</b>	
1. SERIAL NUMBER <b>006102</b>		2. NAME (Last-First-Middle) <b>[REDACTED]</b>				
3. NATURE OF PERSONNEL ACTION <b>RESIGNATION</b>				4. EFFECTIVE DATE REQUESTED MONTH: <b>05</b> DAY: <b>14</b> YEAR: <b>72</b>		
5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>				6. FUNDS V TO V: <input type="checkbox"/> V TO C: <input type="checkbox"/> C TO V: <input checked="" type="checkbox"/> C TO C: <input type="checkbox"/>		
7. FINANCIAL ANALYSIS NO. CHARGEABLE <b>9136-1231</b>				8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/EUROPEAN DIVISION, FOREIGN FIELD FRENCH AREA</b>				10. LOCATION OF OFFICIAL STATION <b>[REDACTED]</b>		
11. POSITION TITLE <b>OPS OFFICER</b>			12. POSITION NUMBER <b>0668</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>	16. GRADE AND STEP <b>15 8</b>		17. SALARY OR RATE <b>\$31,554</b>	
18. REMARKS <b>24065</b>						
19. SIGNATURE OF REQUESTING OFFICIAL <b>[REDACTED]</b>			DATE SIGNED <b>8 Aug</b>	20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>[REDACTED]</b>		
				DATE SIGNED <b>9 Aug 72</b>		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
21. ACTION CODE <b>45</b>	22. EMPLOY CODE <b>10</b>	23. OFFICE CODING NUMERIC: <b>[REDACTED]</b> ALPHABETIC: <b>[REDACTED]</b>		24. STATION CODE <b>[REDACTED]</b>	25. INTEGREE CODE <b>[REDACTED]</b>	
26. HOOURS CODE <b>3</b>	27. DATE OF BIRTH MO. DA. YR. <b>01/20/24</b>		28. DATE OF GRADE MO. DA. YR. <b>[REDACTED]</b>		29. DATE OF LIT MO. DA. YR. <b>[REDACTED]</b>	
30. NTE EXPIRES MO. DA. YR. <b>[REDACTED]</b>	31. SPECIAL REFERENCE <b>[REDACTED]</b>	32. RETIREMENT DATA 1-CSC 2-OWEN 3-FICA 4-BONE <b>[REDACTED]</b>	33. SEPARATION DATA CODE <b>[REDACTED]</b>	34. CORRECTION, CANCELLATION DATA TYPE MO. DA. YR. <b>[REDACTED]</b>	35. SECURITY REQ. NO. <b>[REDACTED]</b>	
36. VET PREFERENCE CODE 0-None 1-5 PT 2-10 PT	37. SERV COMP. DATE MO. DA. YR. <b>[REDACTED]</b>	38. LONG. COMP. DATE MO. DA. YR. <b>[REDACTED]</b>	39. CAREER CATEGORY CODE 0-WAIVER 1-REG 2-REG/OPT 3-INELIGIBLE	40. FEGLI, HEALTH INSURABLE CODE HEALTH INS. CODE <b>[REDACTED]</b>	41. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
42. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		43. LEAVE CAT. CODE <b>[REDACTED]</b>	44. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1-YES 2-NO <b>[REDACTED]</b>		45. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1-YES 2-NO <b>[REDACTED]</b>	
46. POSITION CONTROL CERTIFICATION <b>8-9-72</b> <b>MW</b>				47. O.P. APPROVAL <b>[REDACTED]</b>		
				DATE APPROVED <b>9 AUG 1972</b>		

yyB

SECRET  
(When called for)

DATE PREPARED  
10 JULY 1970

REQUEST FOR PERSONNEL ACTION

1 SERIAL NUMBER <b>006102</b>		2 NAME [REDACTED]	
3 NATURE OF PERSONNEL ACTION <b>EXTENSION OF PRA NTE 24 FEB 1971</b>		4 EFFECTIVE DATE REQUESTED MONTH: 02 DAY: 20 YEAR: 70	
5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>		6 FINANCIAL ANALYSIS NO CHARGEABLE <b>1136-1231</b>	
7 LEGAL AUTHORITY (Completed by Office of Personnel)		8 LOCATION OF OFFICIAL STATION	
9 ORGANIZATIONAL DESIGNATIONS <b>DDP/EUR FOREIGN FIELD FRENCH AREA</b>		10 LOCATION OF OFFICIAL STATION	
11 POSITION TITLE <b>OPS OFFICER (14)</b>		12 POSITION NUMBER <b>0668</b>	
13 CAREER SERVICE DESIGNATION <b>D</b>		14 CLASSIFICATION SCHEDULE (GS, FS, etc.) <b>GS</b>	
15 OCCUPATIONAL SERIES <b>0136.01</b>		16 GRADE AND STEP <b>15 7</b>	
17 SALARY OF RATE <b>\$ 27,463</b>		18 REMARKS <b>cc: PAYROLL NTE 24 FEB 1971 * PRA Pw HRA 20-17 EU)(6)</b>	

18A SIGNATURE OF REQUESTING OFFICER [REDACTED]	DATE SIGNED 7/12/70	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [REDACTED]	DATE SIGNED 14 Jul 1970
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE <b>37 10</b>	20 EMPLOY CODE	21 OFFICE CODING NUMERIC: <b>446.20</b> ALPHABETIC: <b>E3R</b>	22 STATION CODE <b>5-266</b>	23 INTEGRITY CODE	24 MOQTES CODE <b>3</b>	25 DATE OF BIRTH MO: 07 DA: 20 YE: 70	26 DATE OF GRADE MO: DA: YE:	27 DATE OF LES MO: DA: YE:
28 WTE EXPRES MO: DA: YE: <b>12 20 71</b>	29 SPECIAL REFERENCE <b>82</b>	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CONNECTION CANCELLATION DATA	33 SECURITY REG NO: <b>EOD DATA</b>			
35 VET PREFERENCE CODE: 0-NO, 1-5 YR, 2-10 YR	36 SERV. COMP DATE MO: DA: YE:	37 LONG COMP DATE MO: DA: YE:	38 CAREER CATEGORY CODE: CAR RES, PROB TEMP	39 FEGLI HEALTH INSURANCE CODE: 0-NONE, 1-YES	40 SOCIAL SECURITY NO			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE: 0-NO, 1-NO DREAM IN SERVICE, 2-BREAK IN SERVICE (LESS THAN 3 YEARS), 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT. CODE	43 FEDERAL TAX DATA CODE: NO. TAX EXEMPTIONS, YES EXECUTED	44 STATE TAX DATA CODE: NO. STATE TAX EXEMPTIONS, YES EXECUTED		45 POSITION CONTROL CERTIFICATION <b>7-28-70</b> <b>MW</b>		

XK.B

SECRET  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>25 FEB 1969</b>					
1 SERIAL NUMBER <b>006102</b>		2 NATURE OF PERSONNEL ACTION <b>EXTENSION OF PRA NTE: 1 year</b>				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>02 25 69</b>		3 CATEGORY OF EMPLOYMENT <b>REGULAR</b>			
6 FUNDS V TO V CF TO V		V TO CF CF TO CF		7 FINANCIAL ANALYSIS NO. CHARGEABLE <b>9136 1231</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel)					
9 ORGANIZATIONAL DESIGNATIONS <b>DDP/EUR FOREIGN FIELD CENTRAL REGION</b>				10 LOCATION OF OFFICIAL STATION							
11 POSITION TITLE <b>OPS OFFICER</b>				12 POSITION NUMBER <b>0668</b>		13 CAREER SERVICE DESIGNATION <b>D</b>					
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) <b>GS</b>		15 OCCUPATIONAL SERIES <b>0136.01</b>		16 GRADE AND STEP <b>15 8 7</b>		17 SALARY OR RATE <b>2,373.34 - \$ 23,075</b>					
18 REMARKS											
18A SIGNATURE OF REQUESTING OFFICER <b>C/E/Pers</b>			DATE SIGNED <b>2/26/69</b>		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED <b>3-4-69</b>				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE <b>37</b>	20 EMPLOY CODE <b>10</b>	21 OFFICE CODING NUMERIC ALPHABETIC <b>44 LNC EUR</b>		22 STATION CODE <b>24065</b>	23 INTEGREE CODE	24 HOURS CODE <b>3</b>	25 DATE OF BIRTH MO. DA. YR. <b>01 20 24</b>		26 DATE OF GRADE MO. DA. YR.	27 DATE OF LEI MO. DA. YR.	
28 NTE EXPIRES MO. DA. YR. <b>02 24 70</b>		29 SPECIAL REFERENCE <b>S 2</b>	30 RETIREMENT DATA CODE		31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO. DA. YR.		33 SECURITY REQ. NO.		34 SEX	
35 VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT.		36 SERV COMP DATE MO. DA. YR.		37 LONG COMP DATE MO. DA. YR.		38 CAREER CATEGORY CAR RESY PROG. TEMP		39 FEGLI HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES		40 SOCIAL SECURITY NO.	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT. CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1-YES 2-NO		44 STATE TAX DATA FORM EXECUTED CODE MO. TAX STATE CODE EXEMP.			
45 POSITION CONTROL CERTIFICATION <b>3-7-69</b> <b>mi</b>						46 OP APPROVAL <b>[Signature]</b>		DATE APPROVED <b>3/7/69</b>			



SECRET

(If box filled in)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED 24 February 1967											
1 SERIAL NUMBER 006102		2 NAME OF REQUESTOR (Middle)				3 NATURE OF PERSONNEL ACTION REASSIGNMENT		4 EFFECTIVE DATE REQUESTED MONTH: 02, DAY: 20, YEAR: 67		5. CATEGORY OF EMPLOYMENT REGULAR							
6 APNS		V TO V CF TO V		V TO CF CF TO CF		7. FINANCIAL ANALYSIS NO. CHARGEABLE 7136-1231		8. LEGAL AUTHORITY (Completed by Office of Personnel)									
9 ORGANIZATIONAL DESIGNATIONS DDP/EUR FOREIGN FIELD CENTRAL REGION						10. LOCATION OF OFFICIAL STATION											
11 POSITION TITLE OPS OFFICER				12 POSITION NUMBER 0668		13. CAREER SERVICE DESIGNATION D											
14 CLASSIFICATION SCHEDULE (G.S. I.B. etc.) GS				15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15-6		17. SALARY OR RATE \$ 20,585									
18 REMARKS XRA-per HR-21c (2) for duration of present tour. Slotting for new T/O.																	
19A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED 2 MAR 1967							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19 RETION CODE 3710		20 EMPLOY CODE 10		21. OFFICE CODING NUMERIC: 1160, ALPHABETIC: 2465		22 STATION CODE 2465		23. INTEGREE CODE		24. MONTHS CODE 3		25 DATE OF BIRTH MO. DA. YR. 01 20 24		26 DATE OF GRADE MO. DA. YR.		27 DATE OF LEI MO. DA. YR.	
28 WTE EXPIRES DA 25 69		29. SPECIAL REFERENCE 82		30 RETIREMENT DATA 1-ENC, 2-FICA, 3-NONE		31 SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR. EOD DATA				33 SECURITY REG. NO.		34. SEX			
35 NET PREFERENCE CODE 0-NONE, 1-5 PT, 2-10 PT		36 SERV. COMP DATE MO. DA. YR.		37 LONG COMP DATE MO. DA. YR.		38 CAREER CATEGORY CAR RES, PROV TEMP, CODE		39. REGAL HEALTH INSURANCE CODE CODE 0-WAIVER, 1-P5, HEALTH INS. CODE				40 SOCIAL SECURITY NO					
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE, 1-62 BREAK IN SERVICE, 2-BREAK IN SERVICE (LESS THAN 3 YEARS), 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS				44 STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE CODE EXEMP.							
45 POSITION CONTROL CERTIFICATION 3-3-67						46. O.P. APPROVAL DATE APPROVED											

A  
19

P 55

SECRET  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b> 1 SERIAL NUMBER: <b>006102</b> 2 PIA: [Redacted]						DATE PREPARED: <b>29 March 1966</b>																			
3 NATURE OF PERSONNEL ACTION: <b>DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM</b>						4 EFFECTIVE DATE REQUESTED: MONTH: <b>04</b> DAY: <b>10</b> YEAR: <b>66</b>			5 CATEGORY OF EMPLOYMENT: <b>REGULAR</b>																
6 FUNDS: <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V			<input type="checkbox"/> V TO CF <input checked="" type="checkbox"/> CF TO CF			7 COST CENTER NO CHARGE: <b>6136-1031</b>			8 LEGAL AUTHORITY (Completed by Office of Personnel): <b>PL 88-643 Sect. 203</b>																
9 ORGANIZATIONAL DESIGNATIONS: <b>DIP/WE FOREIGN FIELD</b> <b>INTERNAL OPERATIONS SECTION</b>						10 LOCATION OF OFFICIAL STATION: [Redacted]																			
11 POSITION TITLE: <b>OPS OFFICER</b>						12 POSITION NUMBER: <b>0885</b>			13 CAREER SERVICE DESIGNATION: <b>D</b>																
14 CLASSIFICATION SCHEDULE (GS, LH, etc.): <b>GS</b>			15 OCCUPATIONAL SERIES: <b>0136.01</b>			16 GRADE AND STEP: <b>15 5</b>			17 SALARY OR RATE: <b>\$19,415</b>																
18 REMARKS: <b>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.</b>																									
18A. SIGNATURE OF REQUESTING OFFICIAL: [Redacted]				DATE SIGNED:		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [Redacted]				DATE SIGNED:															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																									
19. ACTION CODE: <b>28</b>		20. EMPLOY. CODE: <b>10</b>		21. OFFICE CODING: NUMERIC: <b>50600</b> ALPHABETIC: <b>W2</b>		22. STATION CODE: <b>24065</b>		23. INTEGREE CODE:		24. HQ/GRS. CODE: <b>3</b>		25. DATE OF BIRTH: <b>02/23/20</b>		26. DATE OF GRACE: <b>02/03/63</b>		27. DATE OF LEI: <b>07/31/65</b>									
28. WTE EXPIRES:		29. SPECIAL REFERENCE: <b>82</b>		30. RETIREMENT DATA: 1-CSE, 2-IRA, 3-NONE		31. SEPARATION DATA CODE:		32. CORRECTION CANCELLATION DATA:		<b>EOD DATA</b> →		33. SECURITY REQ. NO.:		34. SEX:											
35. YET PREFERENCE:		36. SERV. COMP. DATE:		37. LONG. COMP. DATE:		38. CAREER CATEGORY:		39. FEHLT-HEALTH INSURANCE:		40. SOCIAL SECURITY NO.:		41. PREVIOUS GOVERNMENT SERVICE DATA:		42. LEAVE CAT. CODE:		43. FEDERAL TAX DATA:		44. STATE TAX DATA:							
0-NONE, 1-5 PT, 2-10 PT		MO. DA. YR.		MO. DA. YR.		CAP, RESV, PROV, TEMP		CODE		0-BUYER, 1-YES		HEALTH INS. CODE		CODE		NO. TAX EXEMPTIONS		FORM EXECUTED: 1-YES, 2-NO		CODE		NO. TAX EXEMPT.		STATE CODE	
45. POSITION CONTROL CERTIFICATION: [Redacted]						46. OFF APPROVAL: <b>See memo signed by [Redacted] 31 MAR 1966</b>						DATE APPROVED: <b>31 MAR 1966</b>													

SECRET  
10 Nov 1963 Ed 1

REQUEST FOR PERSONNEL ACTION					DATE PREPARED		
1 SERIAL NUMBER <b>006102</b>					2 NAME (Last-First-Middle) [REDACTED]		
3 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>02 15 64</b>		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>		
6 FUNDS		7 COST CENTER NO CHARGEABLE <b>4136-6250-1012</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS <b>DDP WE</b> <b>INTERNAL OPERATIONS SECTION</b>		10 LOCATION OF OFFICIAL STATION					
11 POSITION TITLE <b>OPS OFFICER</b>			12 POSITION NUMBER <b>0885</b>		13 CAREER SERVICE DESIGNATION <b>D</b>		
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS (DAD)</b>		15 OCCUPATIONAL SERIES <b>0136.01</b>		16 GRADE AND STEP <b>15 4</b>		17 SALARY OR RATE <b>\$ 17,210</b>	
18 REMARKS FROM: DDP WE/[REDACTED]/0886. PRA IN ACCORDANCE WITH HR 20-21c (2) FOR DURATION OF TOUR. NTE <del>November 1967</del> <b>03/14/66</b>							
18A [REDACTED]		DATE SIGNED <b>6/14/64</b>		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [REDACTED]		DATE SIGNED <b>10/20/64</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE <b>37</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>50600 WE</b>		22. STATION CODE <b>54065</b>	23. INTEGRAL CODE <b>3</b>	24. DDGTS. CODE <b>611024</b>	
25. DATE OF BIRTH MO. DA. YR.		26. DATE OF GRADE MO. DA. YR.		27. DATE OF LEI MO. DA. YR.			
28. NTE EXPRES <b>03 67 66</b> <b>11 30 67</b>		29. SPECIAL REFERENCE <b>182</b>		30. RETIREMENT DATA 1-CSC 3-FICA 5-NONE		31. SEPARATION DATA CODE	
32. CORRECTION CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ. NO.		34. SEX		EOD DATA →	
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV. COMP. DATE MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CAR RESV PROV TEMP	
39. FEGLI: HEALTH INSURANCE CODE 0-WAIVER 1-YES		40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			
42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE CODE EXEMP.			
45. POSITION CONTROL CERTIFICATION				46. OP APPROVAL [REDACTED]		DATE APPROVED <b>11/11/64</b>	

SECRET  
(When filled in)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 11 AUGUST 1963	
1. SERIAL NUMBER <i>XXB</i> [REDACTED]		2. [REDACTED]				3. NATURE OF PERSONNEL ACTION REASSIGNMENT	
6. FUNDS V TO V CF TO V		V TO CF CC CF TO CF		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 10 24 63		5. CATEGORY OF EMPLOYMENT REGULAR	
9. ORGANIZATIONAL DESIGNATIONS DDP WE EXTERNAL OPS SECTION				7. COST CENTER NO. CHARGEABLE 4136-6250-1012			
11. POSITION TITLE OPS OFFICER				10. LOCATION OF OFFICIAL STATION		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		12. POSITION NUMBER <del>0886</del> 0886		13. CAREER SERVICE DESIGNATION D	
16. GRADE AND STEP 15 4		17. SALARY OR RATE 16,005		10. REMARKS FROM: DDP SR FOREIGN FIELD/WE AREA [REDACTED] 0240 PRAed IN ACCORDANCE WITH HR 20-580, PARA 4 (b). for 2 yrs. COPIES SENT TO FINANCE AND SECURITY.			
18. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [REDACTED]		DATE SIGNED 15 Oct 63		19. SIGNATURE OF OFFICE OF PERSONNEL [REDACTED]			
NOTE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
23. ACTION CODE 27 10		20. EMPLOY. CODE 50 60 WE		21. OFFICE CODING NUMERIC ALPHABETIC 240 65		22. STATION CODE	
24. DATE OF 3 <sup>RD</sup> YR NO. DA. YR. 10 12 65		25. DATE OF GRADE NO. DA. YR.		26. DATE OF LEI NO. DA. YR.		27. SECURITY REQ. NO.	
28. VET. PREFERENCE 0 - NONE 1 - 5 YRS. 2 - 10 YRS.		29. SERV. COMP. DATE NO. DA. YR.		30. LONG. COMP. DATE NO. DA. YR.		31. SEPARATION DATA CODE	
32. SPECIAL REFERENCE 84		33. RETIREMENT DATA 1 - CCC 2 - FICA 3 - NONE		34. CORRECTION CANCELLATION DATA TYPE NO. DA. YR.		35. SOCIAL SECURITY NO.	
36. CAREER CATEGORY CAR/RESN PROV/TEMP		37. FECLIA/HEALTH INSURANCE 0 - WAIVER 1 - YES		38. FEDERAL TAX DATA			
39. PREVIOUS GOVERNMENT SERVICE DATA 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		40. LEAVE CAT. CODE		41. FORM EXECUTED 1 - YES 2 - NO		42. STATE TAX DATA	
43. POSITION CONTROL CERTIFICATION [Signature] 10/22/63		44. O.P. APPROVAL [Signature]		45. DATE APPROVED 15 Oct 63			

RECORDED  
0886  
[Signature]

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>	DATE PREPARED <b>23 January 1963</b>
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1. SERIAL NUMBER <b>CC 102</b>		2. NA					
3. NATURE OF PERSONNEL ACTION <b>Promotion</b>			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>22 03 63</b>				
6. FUNDS		5. CATEGORY OF EMPLOYMENT <b>Regular</b>					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td><input checked="" type="checkbox"/> CF TO CF</td> </tr> </table>		V TO V	V TO CF	CF TO V	<input checked="" type="checkbox"/> CF TO CF	7. COST CENTER NO. CHARGE-ABLE <b>3134 4008 1000</b>	
V TO V	V TO CF						
CF TO V	<input checked="" type="checkbox"/> CF TO CF						
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/SR - FOREIGN FIELD Western European Area</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
11. POSITION TITLE <b>Ops Officer</b>		10. LOCATION OF OFFICIAL STATION					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		12. POSITION NUMBER <b>0240</b>					
15. OCCUPATIONAL SERIES <b>0136.01</b>		13. CAREER SERVICE DESIGNATION <b>D</b>					
16. GRADE AND STEP <b>15 4</b>		17. SALARY OR RATE <b>\$ 16005</b>					

18. REMARKS  
From same slot.  
  
PRA in accordance with HR-20-21c(3) for a period not to exceed 2 years.

18A. [Signature]	DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]	DATE SIGNED <b>24 Jan 63</b>
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**C/SR/PERSONNEL**

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE <b>22</b>	20. EMPLOY. CODE <b>10</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>60600 SR 24265</b>	22. STATION CODE <b>24265</b>	23. INTEROFF. CODE	24. MSTRS CODE <b>3</b>	25. DATE OF BIRTH MO. DA. YR. <b>01 20 24</b>	26. DATE OF GRADE MO. DA. YR. <b>02 03 63</b>	27. DATE OF PAY MO. DA. YR. <b>02 03 63</b>
28. NTL EXPIRES MO. DA. YR.	29. SPECIAL DEFERENCE <b>80</b>	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	<b>EOD DATA</b> →		33. SECURITY REQ. NO.	34. SER.
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	36. SERS. COMP. DATE MO. DA. YR.	37. LONG. COMP. DATE MO. DA. YR.	38. MIL. SERA CREDIT/CD 1 - YES 2 - NO	39. FEGLI / HEALTH INSURANCE CODE 0 - NONE 1 - YES	40. SOCIAL SECURITY NO.		41. STATE TAX DATA	
42. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)		43. LEAVE CAT. CODE	44. FEDERAL TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO		45. STATE TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO		46. STATE CODE	
45. POSITION CONTROL CERTIFICATION <b>MNO FEB 1963</b>						46. O.P. APPROVAL <b>[Signature]</b>		DATE APPROVED

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 9 July 1962	
1. <del>OFFICE</del> <b>X: B</b>							
3. NATURE OF PERSONNEL ACTION <b>Excepted Appointment (Career)</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>08   05   62</b>		5. CATEGORY OF EMPLOYMENT <b>Regular</b>	
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE <b>3034 4008 1000</b>	
CF TO V		<input checked="" type="checkbox"/> CF TO CF		8. LEGAL AUTHORITY (Completed by Office of Personnel) <i>Act</i>			
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/SR Western European Area</b>				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE <b>Ops Officer</b>				12. POSITION NUMBER <b>240</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS, LD, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>14 06</b>		17. SALARY OR RATE <b>510 OR 1350</b>	
18. REMARKS Last day at Headquarters will be 31 July 1962 <del>Departing U. S. around 1st August 1962.</del> 259's submitted. Copy furnished Office of Security. <i>7/54</i> <i>WE concurrence on the telephone 11 July 62. Acting DC/WE</i> <i>Recorded CSFD</i>							
18A. [Signature]				18B. SIGNATURE OF CAREER SERVICE APPROVING		DATE SIGNED <b>24 July 62</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE <b>13</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODES NUMERIC ALPHABETIC <b>01601 SR</b>	22. STATION CODE <b>24065</b>	23. WTS RATE CODE	24. WTS CODE <b>3</b>	25. DATE OF BIRTH MO. DA. YR. <b>01   20   24</b>	26. DATE OF GRAD MO. DA. YR. <b>01   16   55</b>
27. DATE EXT RES MO. DA. YR.	28. SPECIAL REFERENCE	29. RETIREMENT DATA 1 - ESC 3 - FICA 4 - NONE CODE <b>1</b>		30. SEPARATION DATA CODE	31. PROTECTION/CANCELLATION DATA MO. DA. YR.	32. SOCIAL SEC. ID. NO. <b>06102 M1</b>	
33. VET. PREFERENCE CODE <b>1</b>	34. SEPV. COMP. DATE MO. DA. YR. <b>03   07   44</b>	35. LONG. COMP. DATE MO. DA. YR. <b>11   20   49</b>	36. MIL SER. CREDIT/CD 1 - YES 2 - NO CODE <b>C</b>	37. FEED / HEALTH INSURANCE CODE <b>1</b>	38. SOCIAL SECURITY NO. <b>042-20-5339</b>		
39. PREVIOUS GOVERNMENT SERVICE DATA CODE <b>1</b>			40. LEAVE CAT. CODE <b>8</b>	41. FEDERAL TAX DATA ACCOMPLISHED CODE 1 - YES 2 - NO <b>C C -</b>	42. FEDERAL TAX DATA NO. TAX EXEMPTIONS <b>0</b>	43. STATE TAX DATA FORM FILED 1 - YES 2 - NO <b>0</b>	44. STATE TAX DATA CODE <b>-</b>
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL <i>Joseph D Ragan</i>			DATE APPROVED <b>7/24/62</b>



100  
100  
100

6101.

[Redacted]

6 August 1932

Memorandum in Lieu of Fitness Report

Subject: <

by that statements concerning the performance of  
[Redacted] should be extended to cover the  
remainder of his service as Chief of SR/3. He de-  
parted headquarters for a field assignment 31 July  
1932.

[Redacted Signature]  
Chief of Operations and Plans  
SR Division

CONCUR: [Redacted]  
Chief, SR Division

SECRET

116-200-67

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>9 July 1962</b>	
1. SERIAL NUMBER <b>006132</b>		2. NAME (Last-First-Middle) <b>[Redacted]</b>					
3. NATURE OF PERSONNEL ACTION <b>Resignation</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>05 04 62</b>		5. CATEGORY OF EMPLOYMENT <b>Regular</b>	
6. FUNDS <b>[Symbol]</b>		X TO V V TO CF		7. COST CENTER NO. CHARGE <b>3234 1300 1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel) <b>[Signature]</b>	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/SR SR/6 Office of the Chief</b>				10. LOCATION OF OFFICIAL STATION <b>Washington, D. C.</b>			
11. POSITION TITLE <b>Ops Officer (Sr Ch)</b>			12. POSITION NUMBER <b>0150</b>		13. CAREER SERVICE DESIGNATION <b>D</b>		
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES GRADE AND STEP <b>0136.01 11 06</b>		17. SALARY OR RATE <b>13516</b>			
18. REMARKS <b>Copy furnished Touchered Payroll.</b>							
18a. SIC <b>[Redacted]</b>		18b. FIG <b>[Redacted]</b>		DATE SIGNED <b>[Redacted]</b>		19a. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>[Signature]</b>	
18c. C/SR PERSONNEL <b>[Redacted]</b>		DATE SIGNED <b>[Redacted]</b>		19b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>[Signature]</b>		DATE SIGNED <b>7/24/62</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE <b>45</b>		20. EMPLOY CODE <b>10</b>		21. DATE OF ENTRY <b>1/01/2024</b>		22. DATE OF LEAVE <b>[Redacted]</b>	
23. DATE OF EXPIRES <b>[Redacted]</b>		24. SPEC. INSTR. REFERENCE <b>[Redacted]</b>		25. REPORTING OFFICER'S DATA <b>[Redacted]</b>		26. SECURITY PEO. NO. <b>[Redacted]</b>	
27. VET. PREFERENCE <b>[Redacted]</b>		28. SEPA. COMP. DATE <b>[Redacted]</b>		29. MIL. SER. COMP. DATE <b>[Redacted]</b>		30. SOCIAL SECURITY NO. <b>[Redacted]</b>	
31. PREVIOUS GOVERNMENT DATA <b>[Redacted]</b>		32. FEDERAL TAX DATA <b>[Redacted]</b>		33. STATE TAX DATA <b>[Redacted]</b>		34. SECURITY PEO. NO. <b>[Redacted]</b>	
43. POSITION CONTROL CERTIFICATION <b>[Redacted]</b>				44. D.P. APPROVAL <b>[Signature]</b>		DATE APPROVED <b>7/24/62</b>	

SECRET

(When Filled In)

EMPLOYEE NOTICE OF RESIGNATION

RESIGN EFFECTIVE 4 August 1962 FOR THE FOLLOWING REASON:  
 (Date)

*To accept private employment.*

MY LAST WORKING DAY WILL BE -	DATE SIGNED	SIGNATURE OF EMPLOYEE
<i>4 August 62</i>	<i>23 July 62</i>	

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, Zone, State)

INSTRUCTIONS

- Items 1 thru 7 and Items 9 thru 18a - The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains only to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.
- Item 5 - "Category of Employment" should show one of the following entries:
 

Regular	Summer	WAE
Part Time	Detail Out	Consultant
Temporary	Detail In	Military
Temporary - Part Time		
- Item 9 - "Organizational Designations" should show all levels of organization pertinent to identifying the location of the position:
  - Major Component (Director, Deputy Director, etc.)
  - Office, Major Staff, etc.
  - Division or Staff (subordinate to first line)
  - Branch
  - Section
  - Unit
- Item 11 - "Position Title" should reflect the standard abbreviated title given in the most current edition of the Position Control Register or reported on Form 261, Staffing Complement Change Authorization.
- Item 18b - Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the gaining Career Service should approve and the other Career Service should concur in Item 16, Remarks.

ROUTING - The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-900-1, which require advance approval of or notification to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.

SECRET

1 At: 16 AUG 67

NOTIFICATION OF PERSONNEL ACTION					
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)			
06102					
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT
RESIGNATION			MO. DA. YR. 8 14 67		REGULAR
A. FUNDS		V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
<input checked="" type="checkbox"/>				1234	
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE			12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION	
CPS OFF CLER BR 1M			15	1	
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE	
GS		036	4 6	35%	
18. REMARKS					
SIGNATURE OR OTHER AUTHENTICATION					

**SECRET**  
(When Filled In)

DATE PREPARED		<b>REQUEST FOR PERSONNEL ACTION</b>										V to V		V to UV	
Mo	Da											Yr	UV to V		UV to UV
09	12	60													
1. Serial No.		2. Name (Last-First-Middle)				3. Date of Birth		4. Vet. Pref.		5. Sex		6. CS - EOD			
006102		JACQUES G RICHARSON				Mo Da Yr 01 20 24		None-0 10 Pt-2		1 M		Mo Da Yr			
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority				10. Apmt. Affidav.		11. FEGLI		12. LCD		13. MIL. SERV. CREDIT, LCD	
Mo Da Yr		Yes-1 No-2		Code		Mo Da Yr		Yes-1 No-2		Code		Mo Da Yr		Yes-1 No-2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP SR FAR EAST AREA SOVIET BRANCH											
16. Dept.-Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. Usld. Frgn.		Code		OPS OFFICER ER CH				189		GS 0136.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
14 4		\$ 12,990		D		Mo Da Yr 1 11 61		Mo Da Yr 7 12 61		1134 7000 3000	

**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
REASSIGNMENT TRANSFER OF FUNDS <i>to Vachon</i>				10   02   60		REGULAR					

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP SR SR 6 OFFICE OF THE CHIEF						WASH., D. C.					
33. Dept.-Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. Usld. Frgn.		Code		OPS OFFICER - ER CH				50 D-15		GS 0136.C1	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
14 4		\$ 12,990		D		Mo Da Yr		Mo Da Yr		1234 1000 1000	

**SOURCE OF REQUEST**

A. Requested By (Name And Title)		Request Approved By (Signature And Title)	
CH/SR/PERSONNEL			
B. For Additional Information Call (Name & Telephone Ext.)			
11407			

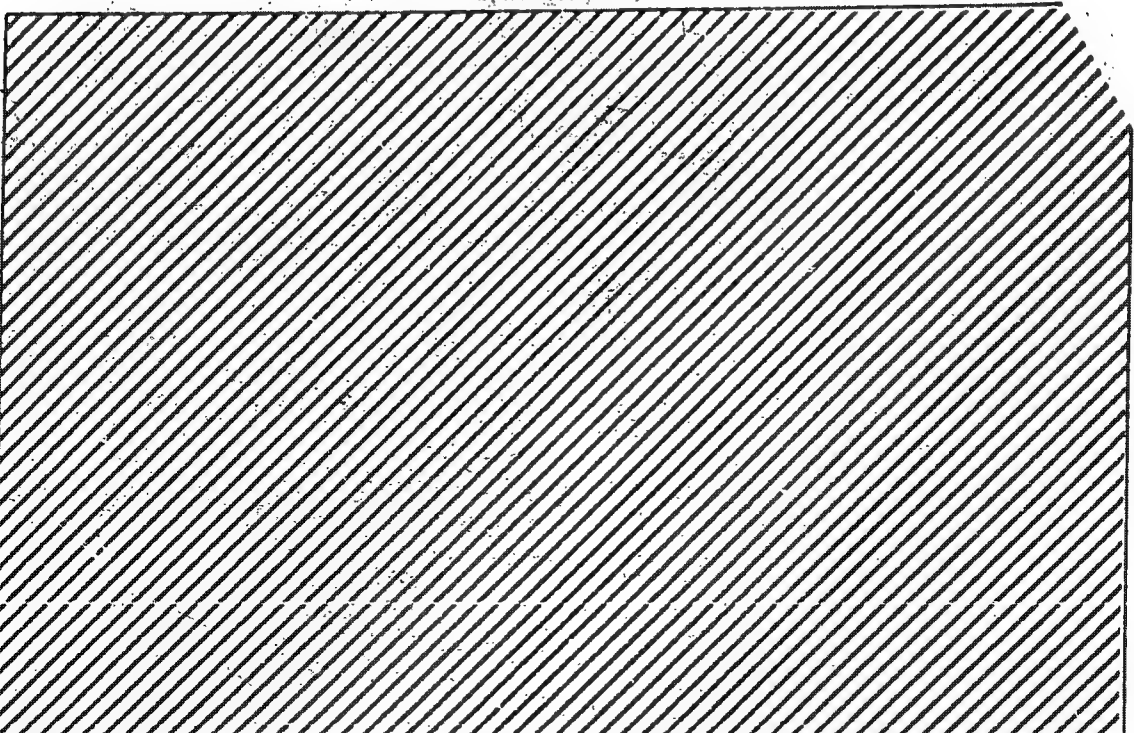
**CLEARANCES**

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	<i>[Signature]</i>	9/16/60	D. Placement		
B. Pos. Control	<i>[Signature]</i>	10-16-60	E.		
C. Classification	<i>[Signature]</i>		F. Approved By	<i>[Signature]</i>	

Remarks: Two copies of this action have been forwarded to the Office of Security.

RECEIVED  
CSPD  
10-5-60  
410  
98

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
[Redacted]	X	59-41

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 3 November 1958

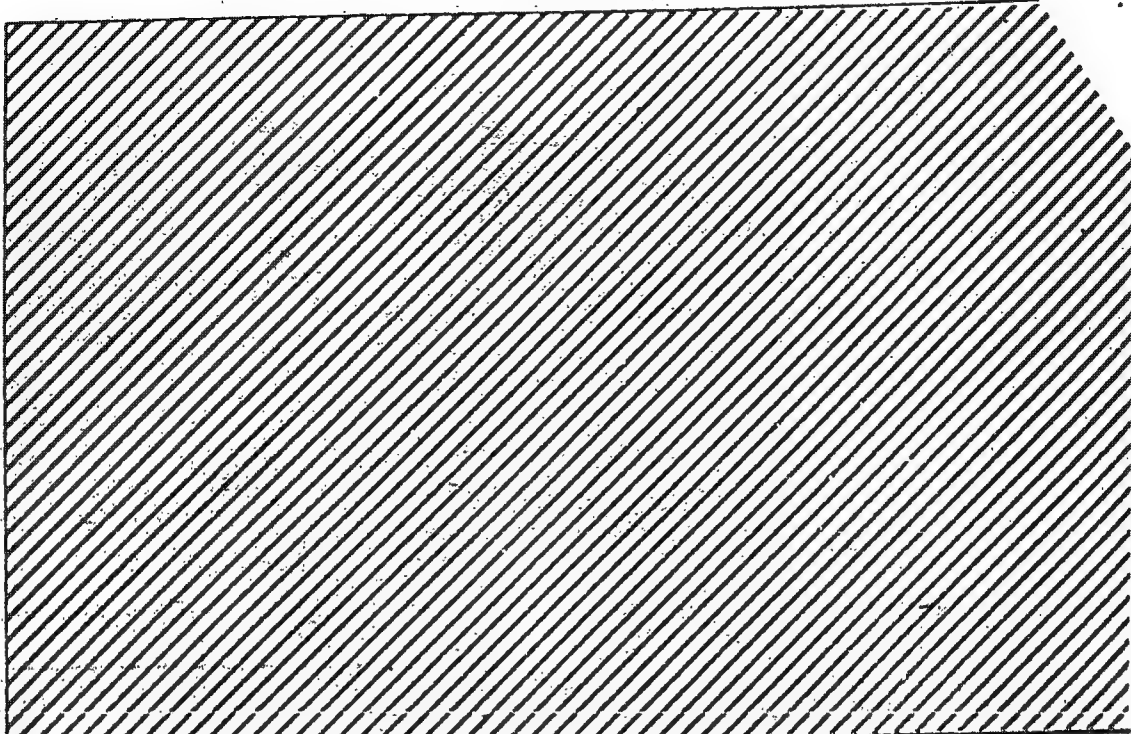
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE
28 AUG 1958	[Redacted]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE



SECRET  
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <input type="text"/>	DATE OF BIRTH Unk	CASE OR CLAIM NUMBER 58-201
--	----------------------	--------------------------------

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, ~~or death~~ incurred on 4 Feb 1958.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE 15 July 1958	SIGNATURE OF HCD REPRESENTATIVE <input type="text"/>
--------------------------------	---

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

STANDARD FORM 52  
PROCESSED BY THE  
U. S. CIVIL SERVICE COMMISSION  
ANNUARY 1954 - FEDERAL PERSONNEL  
MANUAL CHAPTER 51

REQUEST FOR PERSONNEL ACTION

VOUCHERED TO CONFIDENTIAL

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
[Redacted]	20 Jan 1924		13 Dec 54
5. POSITION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		B. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
PROMOTION		✓ Jan. '55	
B. POSITION (Specify whether establish, change grade or title, etc.)		D. APPROVED:	
		[Signature]	16 Jan 1955

FROM— Area Ops Officer (Br. Ch.) EC-171-13 GS-0136.01-13 \$8360.00 p.o. DDP/SR SR/5 Washington, D.C.	8. POSITION TITLE AND NUMBER	TO— Area Ops Officer PCF-189-14 GS-0136.01-14 \$9600.00 p.o.
	9. SERVICE GRADE AND SALARY	
	10. ORGANIZATIONAL DESIGNATIONS	DDP/SR Far East Area
	11. HEADQUARTERS	Office of the Chief
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

PLEASE TRANSFER FROM VOUCHERED TO CONFIDENTIAL FUNDS, 9560.00 7.3

Memorandum stating why fitness report not necessary. 7.3

B. REQUESTED BY (Name and title)

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)

Ext. 3748

D. REQUEST APPROVED BY

Signature: [Signature]

Title: DD/PO Admin.

13. VETERAN PREFERENCE

NONE	WWII	OTHER	3-PT.	10-POINT
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	DISAB. OTHER

14. POSITION CLASSIFICATION ACTION

NEW	VICE	I. A.	REAL

SD:FI

15. SEX: M W

16. RACE: [ ]

17. APPROPRIATION

FROM: 5-3400-20

TO: 5-3400-55-015

18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes

19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)

20. LEGAL RESIDENCE STATE:  CLAIMED  PROVED

21. STANDARD FORM 50 REMARKS

*Effective date per [unclear] 1-11-55*

*Done by Osborne 1-11-55*

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL		7/3 4 Jan	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.	MM	10/25/55	
E.			

APPROVED BY  
FI CAREER SERVICE BOARD  
DATE: DEC 21 1954

F. APPROVED BY

[Signature]

1-5-55

SECRET

SECRET  
Security Information

DD/P

PERSONNEL DATA SHEET

NAME:  AGE: 31 DATE: 13 Dec 1954

STATION Washington, D.C.  
AND DUTIES: Area Ops Off. DD/P UNIT: SR  
(Br. Ch.)  
PRESENT GRADE: GS-13  
PROPOSED GRADE: GS-14

PRIMARY CAREER  
DESIGNATION: SD:FI

PRESENT T/O SLOT BC-171  
NUMBER AND GRADE: GS-15

PROPOSED T/O SLOT BCF-189  
NUMBER AND GRADE: GS-15

CIA TRAINING:

SOC - 9 Jan - 3 Feb 1950  
Ops Course - 20 Feb - 17 Mar 1950  
Adv. Ops Course 27 Mar - 21 Apr 1950  
CE Course 4 Jan - 22 Jan 1954  
Audio-Surveillance 29 Nov - 1 Dec 1954 - Flaps & Seals 2 & 3 Dec 1954

EDUCATION:

University of Michigan, 1945 - BA  
Georgetown University - 1951 to 1952

LANGUAGE PROFICIENCY:

Japanese & French - Fluent  
Mandarin, Italian, Spanish, Portuguese & German - Fair

ASSESSLD: DATE: TYPE OF POSITION: RESULTS:

EXPERIENCE PRIOR TO CIA (excluding SSU-CSS):

Feb 1943 to Aug 1946 - US Army  
Sept 1946 to Mar 1948 - Civil Intell. USA  
Apr 1948 to Oct 1948 - Civil Intell. 1st Lt. (over)

SUMMARY OF CIA-SSU-CSS ASSIGNMENTS INCLUDING PREVIOUS GRADES AND DATES:

APT - 7-18-50 - Intell Asst. GS-7 - OPC/FE/FE-3,   
PRO - 10-1-50 - Intell Officer, GS-9 - OPC/FE/FE-3,   
PRO & REAS - 4-29-51 - Intell Officer, GS-11 - OPC/FE/FE-3  
PRO - 1-20-52 - Ops Officer - GS-12 - OPC/FE/FE-3  
REAS - 2-17-52 - Ops Officer - GS-12 - OPC/EE/EE-4, Great Russian Sec., Wash, D.C.  
REAS - 12-7-52 - Intell Officer (Dep. Ch.) GS-12 - DDP/SR - SR-5 O/C  
PRO - 7-5-53 - Intell Officer (Dep. Ch.) -GS-13 - DDP/SR - SR-5 O/C  
REAS - 2-28-54 - Area Ops Off. (Br. Ch.) GS-13 - DDP/SR - SR-5

RECOMMENDED BY:

CONCURRENCES:

Chief, SR/Admin

RECOMMENDATION OF SENIOR SERVICE BOARD:

Chief, SR

EXPERIENCE PRIOR TO CIA (excluding SSU-CSS)

Publications" [redacted] to  
Numerous news items, 2 editorials while editor, graduate term papers  
on Yugoslavia, China, Korea & Afghanistan.

MAIL ROOM

DEC 28 2 39 PM '54

OFFICE OF PERSONNEL

STANDARD FORM 52  
 FORM 52-1 BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 JULY 1953 EDITION - FEDERAL PERSONNEL  
 MANUAL, CHAPTER III

### REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)		2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED: 14 Feb 1954 B. APPROVED:		7. C.S. OR OTHER LOCAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. POSITION TITLE AND NUMBER		
10. SERVICE GRADE AND SALARY		11. ORGANIZATIONAL DESIGNATION		
12. HEADQUARTERS		13. FIELD OR DEPARTMENTAL		

FROM: ~~DEPUTY CHIEF (CO)~~  
~~Area Cps Officer (Pr. Ch.)~~ EC-190-13  
 GS-132-13 \$8360.00  
 DDF/SS  
 SR-5 (Far East Branch)  
 Office of the Chief  
 Washington, D.C.

TO: Area Cps Officer (Pr. Ch.) FC-171-13  
 GS-116.01-13 \$8360.00  
 DDF/SS  
 SR-5  
 Washington, D.C.

FIELD  DEPARTMENTAL

13. VETERAN PREFERENCE

NONE	WWII	OTHER	5 PT.	10 POINT
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
				DISAB. OTHER

14. POSITION CLASSIFICATION ACTION

NEW	VICE	I.A.	RES.

CR: FT

B. REQUESTED BY (Name and title)		D. REQUEST APPROVED BY	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		Signature: _____	
15. SEX		Title: <i>St. Leonard, Chief</i>	
16. RACE		14. POSITION CLASSIFICATION ACTION	
17. APPROPRIATION		18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	
FROM: 4-3400-20		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	
TO: 4-3400-20		20. LEGAL RESIDENCE	
21. STANDARD FORM 50 REMARKS		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL	<i>MS</i>	<i>2/16</i>	
C. CLASSIFICATION	<i>MS</i>	<i>2/16</i>	
D. PLACEMENT OR EMPL.			
E.			
F. APPROVED BY			
<i>Ray W. Patten (2/16/54)</i>			

STANDARD FORM 52  
 PREPARED BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 TALENT UNIT - FEDERAL PERSONNEL  
 MANUAL CHAPTER 17

**CONFIDENTIAL**  
 Security Information

**REQUEST FOR PERSONNEL ACTION**

VOUCHERED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
[Redacted]	20 Jan. 1924		30 Mar 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE & PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
Promotion			
8. POSITION (Specify whether establish, change grade or title, etc.)		D. APPROVED: 5 July 53	

FROM— Deputy Chief I.C. EC-190-12 GS-132-12 \$7040.00  DDP/SR Division SR-5 Far East Office of the Chief Washington, D.C.	9. POSITION TITLE AND NUMBER 10. SERVICE GRADE AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS	TO— Deputy Chief I.C. EC-190-13 GS-132-13 \$8360.00  DDP/SR Division SR-5 Far East Office of the Chief Washington, D.C.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

EC-190

APPROVED BY  
 FI CAREER SERVICE BOARD  
 DATE: JUN 24 1953

*DDP/adv 35*

B. REQUESTED BY (Name and title)

*XXXXX*

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)

Ext. 3748 Title: FI/CMO.

13. VETERAN PREFERENCE	14. POSITION CLASSIFICATION ACTION																		
<table border="1"> <tr> <td>NONE</td> <td>WHH</td> <td>OTHER</td> <td>S-PT.</td> <td>15. POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>DISAB OTHER</td> </tr> </table>	NONE	WHH	OTHER	S-PT.	15. POINT					DISAB OTHER	<table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>L.A.</td> <td>REAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td>FI</td> </tr> </table>	NEW	VICE	L.A.	REAL				FI
NONE	WHH	OTHER	S-PT.	15. POINT															
				DISAB OTHER															
NEW	VICE	L.A.	REAL																
			FI																

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE STATE:
		FROM: TO:			<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<i>OCB</i>	<i>July</i>	
E.			

F. APPROVED BY

*3/4/53*

**CONFIDENTIAL**  
 Security Information



PERSONNEL ACTION REQUEST				REGISTER NO.
NAME		REQUESTED EFFECTIVE DATE <i>17 Feb.</i>		
NATURE OF ACTION <b>Reassignment</b>		WHEN LEAVING (PROPOSED) LAST WORKING DAY: EMPLOYEE'S SIGNATURE:		
FROM		TO		
TITLE <b>Operations Officer</b>		<b>Operations Officer</b>		
GRADE AND SALARY <b>GS-12 \$7040</b>		<b>GS-12 \$7040</b>		
OFFICE <b>OPC</b>		<b>OPC</b>		
DIVISION <b>FE</b>		<b>EE</b>		
BRANCH AND SECTION <b>FE-3</b>		<b>EE-4 Great Russian Section</b>		
OFFICIAL STATION <b>Washington, D. C.</b>		<b>Washington, D. C.</b>		
DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		
REMARKS: <i>S-617</i> ( <i>B. 480</i> ) <i>JK</i> <span style="float: right;"><i>132</i></span>  <i>MJR</i> <span style="float: right;"><i># 510</i></span>				
RECOMMENDER: <b>5 Jan. 52</b> _____ (DATE) (SIGNATURE OF OFFICE CHIEF, DIVISION CHIEF OR ADM. OFFICER)				
FOR USE OF PERSONNEL ONLY				
PLACEMENT DATE QUALIFICATIONS APPROVED		TRANSACTIONS AND RECORDS APPROPRIATION: <i>2123900</i> ALLOTMENT: <i>2011</i> C. S. C. AUTHORITY: <i>Sch. A 2 x 16.04</i>		
CLEARANCE REQUESTED		CLEARANCE APPROVED		
DATE	TYPE	DATE	TYPE	
DATE	SIGNATURE			
CLASSIFICATION BUREAU NO. <i>9845</i>		C. S. C. NO.		DATE APPROVED <i>1/17/52</i>
NEW	VICE	L.A. <input checked="" type="checkbox"/>	REAL	
DATE <i>2/5/52</i>	SIGNATURE			
EFFECTIVE DATE	SIGNATURE OF DIVISION CHIEF			
APPROVALS DATE		SIGNATURE OF EXECUTIVE		
DATE		SIGNATURE OF DIVISION CHIEF		

FORM NO. 37-3  
JUL 1950

U. S. GOVERNMENT PRINTING OFFICE 16-62409-1

PERSONNEL ACTION REQUEST

REGISTER NO:

NAME		REQUESTED EFFECTIVE DATE	
[Redacted]		20 Jan. 52	
NATURE OF ACTION		WHEN LEAVING (VOUCHERED)	
Promotion		LAST WORKING DAY:	
FROM		EMPLOYEE'S SIGNATURE:	
TITLE		TO	
Operations Officer		Operations Officer	
GRADE AND SALARY		GRADE AND SALARY	
GS-11 \$5100.00 5980		GS-12 7040 \$6400.00	
OFFICE		OFFICE	
OPC		OPC	
DIVISION		DIVISION	
FE		FE	
BRANCH AND SECTION		BRANCH AND SECTION	
FE-3		FE-3	
OFFICIAL STATION		OFFICIAL STATION	
Washington, D. C.		Washington, D. C.	
DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>	
REMARKS			
(S-617) [Signature] 132 # 9930			
RECOMMENDED:			
30 Oct. 51 (DATE)		[Signature] BLS/PC (SIGNATURE OF OFFICE CHIEF, UNION CHIEF OR ADM. OFFICER)	
FOR USE OF PERSONNEL ONLY			
PLACEMENT		TRANSACTIONS AND RECORDS	
DATE QUALIFICATIONS APPROVED		APPROPRIATION:	
10 Jan 52		2023800	
CLEARANCE REQUESTED		ALLOTMENT:	
DATE TYPE		C. S. C. AUTHORITY:	
DATE TYPE		2017	
DATE SIGNATURE		DATE SIGNATURE	
DATE SIGNATURE		1-18-52 [Signature]	
CLASSIFICATION		PERSONNEL RELATIONS	
BUREAU NO. 9845		DATE SIGNATURE	
C. S. C. NO.		DATE SIGNATURE	
DATE APPROVED 1/17/52		APPROVALS	
NEW		SUBJECT TO SECURITY CLEARANCE	
VICE		DATE SIGNATURE OF EXECUTIVE	
L.A.		DATE SIGNATURE	
DATE 1/17/52		DATE SIGNATURE	
EFFECTIVE DATE		DATE SIGNATURE	
JAN 1 1952		DATE SIGNATURE	


PERSONNEL ACTION REQUEST		REGISTER NO.
NAME: [Redacted]		REQUESTED EFFECTIVE DATE: <i>29 April 51</i>
NATURE OF ACTION: <i>Transfer</i> Promotion		WHEN LEAVING (NO CHECKED): LAST WORKING DAY: EMPLOYEE'S SIGNATURE:
TITLE: <i>Intelligence Officer GS-9</i>		TO: Intelligence Officer
GRADE AND SALARY: <i>GS-9, \$4600 p/a</i>		GS-11, \$5400 p/a
OFFICE: OPC		OPC
DIVISION: FE		FE
BRANCH AND SECTION: <i>Japan Sec.</i>		FE-3
OFFICIAL STATION: <i>Washington, D. C.</i>		Washington, D. C.
DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>
REMARKS: <i>178 In grade since 14 Feb 51</i> <i>s-24</i> <i>1 Oct 50</i> <i>#5729</i>		
RECOMMENDED: <i>11 March 1951</i> <small>(CATE)</small>		<i>[Signature]</i> Chief, FE Division <small>(SIGNATURE OF OFFICE CHIEF, DIVISION CHIEF OR ADM. OFFICER)</small>
FOR USE OF PERSONNEL ONLY		
PLACEMENT DATE QUALIFICATIONS APPROVED: <i>10/30/51</i>		TRANSACTIONS AND RECORDS APPROPRIATION: <i>2115 912</i> ALLOTMENT: <i>841-101</i> C. S. C. AUTHORITY: <i>Sec 6.116 B)</i>
CLEARANCE REQUESTED DATE TYPE		DATE SIGNATURE <i>5-1-51 [Signature]</i>
CLEARANCE APPROVED DATE TYPE		PERSONNEL RELATIONS DATE SIGNATURE <i>[Signature]</i>
CLASSIFICATION BUREAU NO. <i>2996</i>	C. S. C. NO. <i>3032</i>	DATE APPROVED <i>6-2-51</i>
NEW	VICE <input checked="" type="checkbox"/>	REAL
DATE <i>3/7/51</i>	SIGNATURE OF DIVISION CHIEF <i>Chas. W. Cleave</i>	
EXPIRY DATE	DATE <i>27 Apr</i>	

PERSONNEL ACTION REQUEST				REGISTER NUMBER	
NAME				REQUESTED EFFECTIVE DATE	
NATURE OF ACTION <i>Capital Appointment</i>				WHEN LEAVING (VOUCHERED)	
FROM				TO	
TITLE				Intelligence Officer	
GRADE AND SALARY				GS-9, \$1600 p/a	
OFFICE				OPC	
DIVISION				FE	
BRANCH AND SECTION				FE-3, Japan Section	
OFFICIAL STATION				Washington, D. C.	
DEPARTMENTAL <input type="checkbox"/>		FIELD <input type="checkbox"/>		DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>	
REMARKS:					
S-6 FE-39 JBEDICT <span style="float: right;"># 4998</span>					
Transfer leave <i>of</i> vouchered funds.					
Please move <input type="checkbox"/> from S-6 to C-7, FE-3, <input type="checkbox"/> Washington Hdqrs.					
<i>Comms for ch? Inspection and security 1/19/51</i>					
<i>ch pbr security Rev 1/25/51</i>					
RECOMMENDED:					
9 January 1951 <i>for Washington</i> Chief, FE Division					
DATE SIGNATURE OF OFFICE CHIEF, DIVISION CHIEF OR ADM. OFFICER					
FOR USE OF PERSONNEL ONLY					
PLACEMENT				TRANSACTIONS AND RECORDS	
DATE QUALIFICATIONS APPROVED				APPROPRIATION: <i>2115950</i>	
<i>23 Jan 51 FE 3</i>				ALLOTMENT: <i>341-101</i>	
CLEARANCE REQUESTED		CLEARANCE APPROVED		CSC AUTHORITY: <i>Sec 6.11 (b) (1)</i>	
DATE	TYPE	DATE	TYPE	DATE SIGNATURE	SIGNATURE
				<i>2-21-51</i>	<i>S. J. Quinn</i>
CLASSIFICATION				PERSONNEL RELATIONS	
BUREAU NO.	C.S.C. NO.	DATE APPROVED		DATE	SIGNATURE
<i>2974</i>	<i>3051</i>	<i>6-2-49</i>			<i>S. J. Quinn</i>
NEW	VICE	I.A.	REAL	APPROVALS	SUBJECT TO SECURITY CLEARANCE
		<input checked="" type="checkbox"/>		DATE	SIGNATURE OF EXECUTIVE
DATE	SIGNATURE			DATE	SIGNATURE OF DIVISION CHIEF
<i>1/17/51</i>	<i>[Signature]</i>				<i>[Signature]</i>
EFFECTIVE DATE					

SECRET

SECRET

SECRECY AGREEMENT

1. I,  understand that by virtue of my duties in the CIA I may be the recipient of information and intelligence which concerns the present and future security of the United States and which belongs to the United States. This information and intelligence, together with the methods of collecting and handling it, are classified according to standards set in the State, War, and Navy Departments. I have read and understand the provisions of the Act of Congress of June 15, 1917 (Espionage Act), as amended, concerning the disclosure of information relating to the National Defense and I am familiar with the penalties provided for violation thereof.

2. I agree that I do not now, nor shall I ever possess any right, interest, title or claim in or to any of the information or intelligence or the methods of collecting or handling of it which has come or shall come to my attention by virtue of my connection with the CIA, but shall always recognize the property right of the United States of America in and to such matters.

3. I do solemnly swear that I will never divulge, publish nor reveal either by word, conduct, or by any other means such classified information, intelligence or knowledge, except in the performance of my official duties and in accordance with the laws of the United States, unless specifically authorized in writing in such case by the CIA.

4. I understand that no change in my assignment or employment will relieve me of my obligation under this oath and that the provisions of this oath will remain binding upon me even after the termination of my services with the United States.

5. I understand that my employment by the CIA is conditioned upon my understanding of and strict compliance with "Security Regulations \_\_\_\_\_," and the appendices thereto.

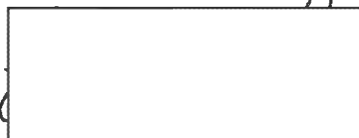
6. I take this obligation freely, without any mental reservation or purpose of evasion.

In witness whereof I have set my hand and seal this 21st day of November 1949.

x  (S-11)

Sworn to before me this 21st day of November 1949.

at Washington, D.C.



SECRET  
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SECRET

1255 SERIAL NO. 1

PERSONAL PROFILE (PART 2)

DATE OF BIRTH  
6.5.1927

23. SUMMARY OF EVALUATIVE REPORTS FOR THE PAST 12 MONTHS

24. SUMMARY OF EARLIER PREVIOUS DUTY

25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

26. ADDITIONAL INFORMATION

1955 from Director, FBI and the DDP for service in connection  
 Commission 1955 from CIA Defector Coordinator for cooperation and competence in  
 the handling of the defectors.  
 Commission 1956 from the DCI for high degree of personal competence and devotion  
 to duty.  
 Letter of Appreciation 1960 for suggestion which proposed revisions of Form 1050.  
 Commission 1961 from Commandant, USMP Command and Staff College for fine lecture.

27. DATE REVIEWED  
20 Apr 1964

28. PROFILE REVIEWED BY  
[Signature]

006102

20 Jan 1974

14. PERSONAL DATA

14.1. NAME (Last, First, Middle Initial) [REDACTED]

14.2. DATE OF BIRTH [REDACTED]

14.3. GRADE [REDACTED]

14.4. STATUS [REDACTED]

14.5. CURRENT RESERVE STATUS [REDACTED]

14.6. ASSESSMENT DATE [REDACTED]

15. EMPLOYMENT HISTORY SINCE 15 SEP 1947 (Include all positions held, including temporary assignments)

1947-50 Military Service, US Army, 2nd Lt. - Signal Center, G-2, Warrenton, Oregon; Signal Center, G-2, Warrenton, Oregon; Signal Center, G-2, Warrenton, Oregon

1949 Onite Publishing Co, Baltimore, Md - County Editor of weekly paper

1949 Baltimore Housing Authority, Md - Administrative Officer

16. EDUCATION

1941-42 Military College, Conn - French

1943-48 Sir George Williams College, Montreal, Canada - French

1945 Univ of Michigan, Lang Language School - French, German, Italian, Japanese

1951-52 Georgetown Univ Graduate School - International Relations

17. FOREIGN LANGUAGES

French - R, W, S, U, Intermediate (1952), Reading & Listening Aug 1952

Japanese - R, S, U, Intermediate (Mar 1962); R, W, E, L, Reading & Listening Aug 1952

18. SPECIALIZED TRAINING

1949-50 Staff - Signal Center, G-2, Warrenton, Oregon

1950 Special Operations - Signal Center, G-2, Warrenton, Oregon

1950 Ops - Signal Center, G-2, Warrenton, Oregon

1950 Ops - Signal Center, G-2, Warrenton, Oregon

19. EMPLOYMENT HISTORY SINCE 15 SEP 1947 (Include all positions held, including temporary assignments)

Effective Date	Position Title & Component	Grade	Pay Rate	Area	Remarks
Nov 1949	W.O.	0132.00	7		Ops/Sec 302/Signal
Oct 1950	" "	0132.00	9		Ops/Sec 302
Apr 1951	" "	0132.00	11		Ops/Sec 302, PS 1
Jan 1952	Ops Off	0132.00	12		" " " "
Jul 1952	" "	0132.00	13		Ops/Sec 302, PS 2
Feb 1954	Area Ops Off	0132.00	14		Ops/Sec 302, PS 2
Jan 1955	" "	0132.00	14		Ops/Sec 302, PS 2
Oct 1955	Ops Off	0132.00	14		Ops/Sec 302, PS 3
Aug 1962	(Resignation from SE Status)				
Aug 1962	(Excepted Appt to SA Status)				
Sep 1962	Ops Off	0136.01	14	D	SR/WE Area
Feb 1963	Ops Off	0136.01	15	D	SR/WE Area
Oct 1963	Ops Off	0136.01	15	D	WE/External Ops
Mar 1964	Ops Off	0136.01	15	D	WE/Internal Ops
Feb 1967	Ops Off	0136.01	15	D	EUR/FF/CentReg

SECRET

### FITNESS REPORT

EMPLOYEE SERIAL NUMBER  
000102

<b>SECTION A</b>		<b>GENERAL</b>	
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH (M/D/Y)	3. GRADE (S-50)	4. EMPLOYEE ID
5. OFFICIAL POSITION TITLE	6. DIVISION OF ASSIGNMENT	8. CURRENT STATION	
9. CHECK IN TYPE OF APPOINTMENT	10. CHECK TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER PROVISIONAL (See Instructions - Section C)	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL ASSIGNMENT	<input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.	12. REPORTING PERIOD (From-to)		
	1/1/79 to 31/12/79		

<b>SECTION B</b>		<b>PERFORMANCE EVALUATION</b>	
<b>U-Unsatisfactory</b>	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.		
<b>M-Marginal</b>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.		
<b>P-Proficient</b>	Performance is satisfactory. Desired results are being produced in the manner expected.		
<b>S-Strong</b>	Performance is characterized by exceptional proficiency.		
<b>O-Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.		

<b>SPECIFIC DUTIES</b>	
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).	
SPECIFIC DUTY NO. 1	RATING LETTER
See the reports of further developing security to stabilize operations and reduce the overall cost of the...	O
SPECIFIC DUTY NO. 2	RATING LETTER
Upon his... to gain access to... and spot leaks on eventual access and support... against the...	S
SPECIFIC DUTY NO. 3	RATING LETTER
Division and assess... with whom he has... contact as well as assess... the local... and...	P
SPECIFIC DUTY NO. 4	RATING LETTER
Responds to various station... including... work.	S
SPECIFIC DUTY NO. 5	RATING LETTER
Reports on the above activities.	P
SPECIFIC DUTY NO. 6	RATING LETTER

<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.	RATING LETTER
	S

SECRET

SECRET

SECTION C

PERFORMANCE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position by the examinee, perspective, merit, contribution to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Any title or explicit reference given in Section B is provided as a basis for determining future personnel action. Range of performance is indicated by the appropriate rating and cost range, unless in the use of personnel, space, equipment and funds, must be indicated. If extra space is needed to complete

[Empty box for performance comments]

Subject has had occasional difficulty switching from "professional" or intellectual subjects in his development of PERSONAL personalities or access prospects to more down-to-earth interests necessary --can't-

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE READ SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
9 June 1971	/s/	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
18 months		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
	Handling Officer	/s/
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
The Station submitted comments on Subject's dossier recently in CRT-16549 (8 April 1971), to which we should add that Subject has, largely on his own merits, acquired a solid and potentially highly useful		
[Empty box for reviewing official comments]		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
24 May 1971	POOB	

SECRET

S E C R E T

- 2 -

FRANK'S REPORT

Section 1 (continued)

to the development of human relations. His forte is therefore more in the field of setting and making operational contacts than in that of more than short-range operational involvement. Subject's operational situation makes it impossible for him to attempt recruitments. Thus, his very real achievements are not by essence of the spectacular variety.

Subject's reporting has been satisfactory and continues to be copious. He could, however, further improve the selectivity of the leads provided the station and make more of an effort to "digest" the information contained in his reports.

Although Subject has, at present, no supervisory function, he has repeatedly requested such a responsibility. He is careful with operational expenses and has exercised good security.

During the period under review, additional efforts have been made to make full use of Subject's potential and integrate him further in the work of the station component with which he works. He is a particularly valuable asset for the station programs directed against the local business and tourist targets.

Section 2 (continued)

substantial. In a word, is it worth for. We do not yet know, although our initial impressions are favorable.

On the fitness report itself, this writer would have preferred an "B" rating for specific duty unless they Subject may ultimately deserve an "C", but it does not seem warranted at the present time. However, I believe the overall rating would more properly have been in the higher range of the "B" category, rather than "C", but it is of course a subjective judgment of the rating officer, who is more intimately and directly involved with Subject on a frequent basis.

In sum, [redacted] is capable, and only time will reveal to what extent the [redacted] requirements permit a full measure on behalf of the Organization. We are following this aspect closely and will be commenting upon it subsequently as we gain experience and knowledge.

S E C R E T

**PERFORMANCE REPORT**

<b>SECTION A</b>		<b>Organization</b>	
1. NAME (Last, First, Middle Initial)	2. DATE OF BIRTH (MM-DD-YY)	3. GRADE OR TITLE	4. STATION
[REDACTED]	20 Jun 1927	GS-15	[REDACTED]
5. OFFICIAL POSITION TITLE		7. DIVISION OF ASSIGNMENT (in current position)	
[REDACTED]		[REDACTED]	
8. SPECIAL TYPE OF APPOINTMENT		10. ON-CALL STATUS (If any)	
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT (with or without pay)		<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> INTERIM (Specify)	
9. SPECIAL INSTRUCTIONS (See instructions - Section C)		11. ASSIGNMENT EMPLOYER	
[REDACTED]		[REDACTED]	
13. DATE REPORT DUE IN OJP		12. RATING PERIOD (From - To)	
[REDACTED]		1 April 1969 - 31 March 1970	

<b>SECTION B</b>		<b>PERFORMANCE EVALUATION</b>	
<b>U-Unsatisfactory</b>	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to probation, to reassignment or to separation. Describe action taken or proposed in Section C.		
<b>M-Marginal</b>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.		
<b>P-Proficient</b>	Performance is satisfactory. Desired results are being produced in the manner expected.		
<b>S-Strong</b>	Performance is characterized by exceptional proficiency.		
<b>O-Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.		

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

<b>SPECIFIC DUTY NO. 1</b>	Established and maintains a [REDACTED] for the purpose of developing natural access to Station targets.	<b>RATING LETTER</b> S
<b>SPECIFIC DUTY NO. 2</b>	Uses [REDACTED] to develop leads on eventual access or support type access to be used by the Station against the local MINIMSH target.	<b>RATING LETTER</b> S
<b>SPECIFIC DUTY NO. 3</b>	Responds to various Station requirements including investigative work.	<b>RATING LETTER</b> S
<b>SPECIFIC DUTY NO. 4</b>	Initiates contact with selected local MINIMSH targets and undertakes to develop sufficient rapport with them to provide operational assessments.	<b>RATING LETTER</b> S
<b>SPECIFIC DUTY NO. 5</b>		<b>RATING LETTER</b> S
<b>SPECIFIC DUTY NO. 6</b>		<b>RATING LETTER</b> S

<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.	<b>RATING LETTER</b> S



SECRET

Section 3 continued

from the Organization, his continued presence at this Station definitely appears to be warranted for a suitable period to reach more definite conclusions concerning the level of his actual performance over a somewhat longer period than that reflected by this report.

On balance, we are pleased that the officer has responded so well to greater case officer direction and that he has undertaken somewhat more aggressive efforts to expand his range of contacts in immediate proximity to the primary Station targets. This officer does bring many talents to bear on his operational activity: he has obviously fluent Spanish, a solid and amiable personality and a vast range of contacts in the local community. Nonetheless, it will require additional time for officers to explore these contacts in depth, select those which appear to be a practically viable, and pursue them actively either to the point of recruitment by another officer or elimination from further development, for whatever reason.

In sum, in spite of the recognition of commendable improvement in this officer's performance during the period under review, the reviewer submits that the letter grade for specific duties 2 and 4 would more properly have been a "P", and that the overall rating, at this point, would more accurately be set at a level between "P" and "S", probably closer to the former than the latter.

This reviewing comment has been read by the officers who prepared the Fitness Report.

SECRET



SECRET

EMPLOYEE SERIAL NUMBER:

057901

**SECTION A**

1. NAME: [Redacted] (First) (Last) (Middle)

2. DATE OF BIRTH: 27 3 1929

3. GRADE: GS-15

4. GRADE: S-30

5. OFFICIAL POSITION TITLE: [Redacted]

6. CHECK (X) TYPE OF ASSIGNMENT: [Redacted]

7. CHECK (X) TYPE OF REPORT: [Redacted]

8. CAREER: [ ] RESERVE: [ ] TEMPORARY: [ ] SPECIAL (Specify): [ ]

9. CHECK (X) TYPE OF REPORT: [ ] REASSIGNMENT SUPERVISOR: [ ] REASSIGNMENT EMPLOYEE: [ ]

10. REPORTING PERIOD (From - to): 31 May 1959 - 31 May 1959

11. DATE REPORT DUE IN O.P.: 31 May 1959

- SECTION B**
- PERFORMANCE EVALUATION**
- W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
  - A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.
  - P - Proficient: Performance is more than satisfactory. Desirable results are being produced in a proficient manner.
  - S - Strong: Performance is characterized by exceptional proficiency.
  - O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1	RATING LETTER
As a general working member of his profession.	O
Sponsoring and assessing persons of operational interest to [Redacted] and to other stations.	S
Investigating of organizations and phenomena of operational interest to the Station.	S
Collection of positive and operational information using his cover for contact.	S
SPECIFIC DUTY NO. 5	RATING LETTER
SPECIFIC DUTY NO. 6	RATING LETTER

**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

S

SECRET

SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall success. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

See attached sheet.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.

DATE: 15 May 1963 SIGNATURE OF EMPLOYEE: [Signature]

BY SUPERVISOR

2. HAS EMPLOYEE BEEN SHOWN UNDER SUPERVISION: 6 months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE: 15 May 1963 OFFICIAL TITLE OF SUPERVISOR: Ops Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ [Signature]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

See attached sheet.

DATE: 20 May 1963 OFFICIAL TITLE OF REVIEWING OFFICIAL: Ops Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ Edward Ryan

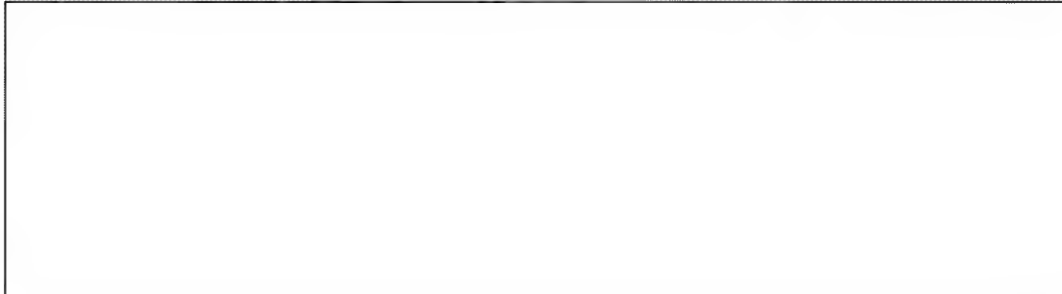
SECRET

SECRET

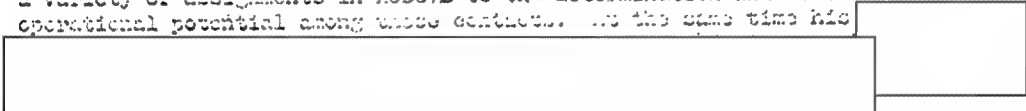


SECTION C

NARRATIVE CONTENTS



During the reporting period he has developed a wide circle of contacts in the scientific and journalistic fields and applies a long background in a variety of assignments in HUSCOW to the determination and assessment of operational potential among these contacts. At the same time his



This employee requires a minimum of detailed operational supervision; it is necessary in specific cases only to indicate the operational or informational objectives.

From the point of view of administrative support, his attention to detail and meticulousness reduce the problems of his support by the Station to a minimum.

This employee uses the [redacted] continuously, and his facility in such as to permit him to handle himself competently in a broad range of complex technical subjects. He has in addition undertaken specialized [redacted] language training to develop this capability further. His operational reporting is excellent both with regard to clarity and pertinence.

In the immediate future he will be assigned case work, for the most part in fields where it will complement, and be complemented by, his independent operational activities [redacted]

SECRET



SECRET  
(When Filled In)

REF: 10 AUG 72

### NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 000102		2. NAME (LAST, FIRST, MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION RESIGNATION		4. EFFECTIVE DATE MO DA YR 08 14 72	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V CF TO V	V TO CF CF TO CF	7. Financial Analysis No. Chargeable 5130 1231 0000
9. ORGANIZATIONAL DESIGNATIONS DDP/EUROPEAN DIVISION FOREIGN FIELD		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0568	13. SERVICE DESIGNATION J
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 2	17. SALARY OR RATE 31554
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 40	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRITY CODE	24. MGRS CODE	25. DATE OF BIRTH MO DA YR 01 00 24	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. LAC 2. LIA 3. THA 4. NONE	31. SEPARATION DATA CODE GAINFOG	32. Correction / Cancellation Data Type MO DA YR	33. SECURITY REQ. NO		34. SEN	40. SOCIAL SECURITY NO
35. VET PREFERENCE CODE 0. NONE 1. 5 PF 2. 10 PF	36. SERV. COMP. DATE MO DA YR	37. LONG. COMP. DATE MO DA YR	38. CAREER CATEGORY CAR BSV PROV TEMP	39. FECLT / HEALTH INSURANCE HEALTH INS CODE	44. STATE TAX DATA FORM EXECUTED CODE NO TAX STATE LOOK 1. YES 2. NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS) 3. BREAK IN SERVICE (MORE THAN 3 YRS)		42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1. YES 2. NO					

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
8-11-72m

PRINTED BY THE STANFORD REGISTER COMPANY U.S.A.

1. SERIAL NO. 006102

2. NAME [REDACTED]

3. ORGANIZATION 44 620

4. FUNDS CF

5. LWOP HOURS

6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION			
Grade	Step	Salary	Lev Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.		
GS	15	7	\$29,099	01/26/69	GS	15	R	\$29,907	01/23/72		

CERTIFICATION AND AUTHENTICATION

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE [REDACTED] DATE 20 Dec 71

NO EXCESS LWOP

IN PAY STATUS AT END OF WAITING PERIOD

LWOP STATUS AT END OF WAITING PERIOD

CLERKS INITIALS [REDACTED] AUDITED BY [REDACTED]

FORM 7-60 560 E Use previous editions PAY CHANGE NOTIFICATION (4-31)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORG.	FUNDS	GR-STEP	NEW SALARY
[REDACTED]	006102	44	735	CF GS 15 7	930,701
<i>Richardson, Jacques</i>					

SECRET

BEG: 01 JUN 71

NOTIFICATION OF PERSONNEL ACTION															
CCB															
1 SERIAL NUMBER 006102															
3 NATURE OF PERSONNEL ACTION EXTENSION OF PRANTE: 24 FEBRUARY 1973						4 EFFECTIVE DATE 02 25 71		5 CATEGORY OF EMPLOYMENT REGULAR							
6 FUNDS			V TO V		V TO CF		7 Financial Analysts No Chargeable		8 CSC OR OTHER LEGAL AUTHORITY						
			CF TO V		CF TO CF		1136 1231 0000		50 USC 403 J						
9 ORGANIZATIONAL DESIGNATIONS DOP/EUR FOREIGN FIELD						10 LOCATION OF OFFICIAL STATION									
11 POSITION TITLE OPS OFFICER				12 POSITION NUMBER 0668		13 SERVICE DESIGNATION D									
14 CLASSIFICATION SCHEDULE (GS 18 etc.) GS			15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15 7		17 SALARY GRADE 29099								
18 REMARKS															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19 ACTION CODE 37		20 EMPLOY CODE 10		21 OFFICE CODING 44620 EUR		22 STATION CODE 24065		23 POSTAL CODE 3		24 DATE OF BIRTH 01 20 24		25 DATE OF GRADE		26 DATE OF LEA	
23 INTL EXPRES.		24 SPEC AL REFERENCE		25 RETIREMENT DATA		26 SEPARATION DATA CODE		27 Correction - Completion Data		28 SECURITY REG NO		29 SEP			
02 24 73		82								EOD DATA					
35 VET PREFERENCE		36 SERV COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 FEQU HEALTH INSURANCE		40 SOCIAL SECURITY NO					
002								1 YES							
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEA-E CAT CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA							
CODE															
1 NO PREVIOUS SERVICE															
2 BREAK IN SERVICE LESS THAN 3 YRS.															
3 BREAK IN SERVICE MORE THAN 3 YRS.															
SIGNATURE OR OTHER AUTHENTICATION															
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> <p>POSTED</p> <p>6-2-71 <i>Law</i></p> </div>															


ABS


GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11376 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
	006102	44	620	CF GS 15 7	\$29,099





SECRET

BBG: 17 AUG 70

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 006102

3. NATURE OF PERSONNEL ACTION: EXTENSION OF PRA  
NOTE: 24 FEBRUARY 1971

4. EFFECTIVE DATE: 07 | 20 | 70

5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: V TO V, V TO CF, CF TO V, CF TO CF. X

7. Financial Analysis No. Chargeable: 1136 1231 0000

8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS: DDP/EUR FOREIGN FIELD

10. LOCATION OF OFFICIAL STATION:

11. POSITION TITLE: OPS OFFICER

12. POSITION NUMBER: 0668

13. SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, IB, etc): GS

15. OCCUPATIONAL SERIES: 0136.01

16. GRADE AND STEP: 15-7

17. SALARY OR RATE: 27463

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGER CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	10	NUMERIC: 14620 ALPHABETIC: EUR	24065		3	01   20   24		
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION - CONCESSION DATA			33. SECURITY REG NO	34. SEX
MO DA YR: 02   24   71	32	1. CSC 2. CA 3. FICA 4. NONE		TYPE MO DA YR			EOD DATA	
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FECH: HEALTH INSURANCE		40. SOCIAL SECURITY NO		
CODE: 0-NONE, 1-5 PT, 2-10 PT	MO DA YR	MO DA YR	LAR RESV CODE	CODE	3-AVER 1-YES	HEALTH INS CODE		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE: 0-NO PREVIOUS SERVICE, 1-NO BREAK IN SERVICE, 2-BREAK IN SERVICE (LESS THAN 3 YRS), 3-BREAK IN SERVICE (MORE THAN 3 YRS)		FORM EXECUTED: 1-YES, 2-NO	CODE	NO TAX EXEMPTIONS	FORM EXECUTED: 1-YES, 2-NO	CODE	NO TAX STATE CODE	

SIGNATURE OR OTHER AUTHENTICATION

SECRET

POSTED stamp with date 8-18-70

REPRODUCED BY THE STANFORD SECURITY CENTER, U.S.A.

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 15 JULY 1969

[REDACTED]

SERIAL - ORGN. FUNDS GR-STEP  
006102 44 600 CF GS 15 7

NEW SALARY  
\$25,909

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-291 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME  
[REDACTED]

SERIAL ORGN. FUNDS GR-STEP  
006102 44 620 CF GS 15 7

NEW SALARY  
\$27,463



"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 3 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 OCTOBER 1967

SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
[REDACTED]	44	600	CF GS 15 6	\$20,585	\$21,469

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
[REDACTED]	006102	44	600	CF GS 15 6	\$21,469	\$23,075

EUR

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS			
006102		[REDACTED]		44 600		CF					
6. OLD SALARY RATE					7. NEW SALARY RATE					8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.		
5	15 6	\$23,075	01/29/67	GS	15 7	\$23,734	01/26/69				

CERTIFICATION AND AUTHENTICATION

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE [Signature] DATE 11/16/68

- NO EXCESS LWOP
- IN PAY STATUS AT END OF WAITING PERIOD
- LWOP STATUS AT END OF WAITING PERIOD

CLERKS INITIALS

AUDITED BY

FORM

SECRET  
(When Filled In)

FJH: 8 MAR 67

NOTIFICATION OF PERSONNEL ACTION																	
OCB																	
1. SERIAL NUMBER		2. [REDACTED]															
006102		[REDACTED]															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT								
REASSIGNMENT						02   26   67			REGULAR								
6. FUNDS		V. TO W		W TO CF		7. Financial Analysis No. Charge			8. USC OR OTHER LEGAL AUTHORITY								
CF TO W		X		CF TO CF		7136 1231 0000			50 USC 403 J								
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP/EUR FOREIGN FIELD CENTRAL REGION						[REDACTED]											
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION								
OPS OFFICER						0668			D								
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE								
GS				0136.01		15 6			20585								
18. REMARKS																	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED ON</b>  <i>3-20-67</i> </div>																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE LOADING		22. STATION CODE		23. INTEGREE CODE		24. Hdqrs. Code		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37		10		44600 EUR		24065		3		01   20   24							
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.		34. SER					
02   25   69		82						<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>EOD DATA</b> </div>									
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE		NO DA YR		NO DA YR		CODE		CODE		CODE							
0 - NONE		NO DA YR		NO DA YR		CAR SERV		CODE		0 - WAIVER		HEALTH INS CODE		CODE			
1 - 5 PT.						PROV SERV				1 - YES							
2 - 10 PT.																	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE				CODE		FORM EXECUTED				STATE TAX DATA							
0 - NO PREVIOUS SERVICE						1 - YES				CODE							
1 - NO BREAK IN SERVICE						2 - NO				NO TAX EXEMPTIONS							
2 - BREAK IN SERVICE (LESS THAN 3 YRS)										FORM EXECUTED							
3 - BREAK IN SERVICE (MORE THAN 3 YRS)										1 - YES							
										2 - NO							
										CODE							
										NO TAX STATE CODE							
										EXEMP.							
SIGNATURE OR OTHER AUTHENTICATION																	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  <i>3-3-67</i> </div>																	

FORM 1150 5-66

Use Previous Edition

SECRET

011

SEC. 1 Excluded from automatic downgrading and declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966



SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
006102	50	600	CF GS 15 5	\$19,415	\$19,978

*W*

1. Serial No		2. [Redacted]		3. Cost Center Number		4. LWOP Hours				
006102		[Redacted]		50 600 CF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Em Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 15	5	\$19,978	01/31/65	GS 15	6	\$20,587	01/29/67			
8. Remarks and Authentication										
NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS _____ AUDITED BY _____										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>W. Wood</i>					DATE: <i>10 Jan 67</i>					
<b>PAY CHANGE NOTIFICATION</b>										

RECEIVED  
JAN 1967

RZF: 7 APR 66

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
OCB											
1. SERIAL NUMBER 006102											
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM						4. EFFECTIVE DATE NO. DA. YR. 04 10 66		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS			V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 6136 1231 0000		8. CSC OR OTHER LEGAL AUTHORITY SECTION 203 P.L. 88-643		
CF TO V			X		CF TO CF		9. ORGANIZATIONAL DESIGNATIONS DDP/WE FOREIGN FIELD INTERNAL OPERATIONS SECTION				
10. LOCATION OF OFFICIAL STATION											
11. POSITION TITLE OPS OFFICER						12. POSITION NUMBER 0885		13. SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0136.01			16. GRADE AND STEP 15 5		17. SALARY OR RATE 19415			
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 28	20. EMPLOY. CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 50600 WE		22. STATION CODE 24065	23. INTEGREE CODE	24. Mgrtl. Code 3	25. DATE OF BIRTH NO. DA. YR. 01 20 24		26. DATE OF GRADE NO. DA. YR. 02 03 63		27. DATE OF LEI NO. DA. YR. 01 31 65
28. NTE EXPIRES NO. DA. YR.		29. SPECIAL REFERENCE 82	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE CODE 2		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO. DA. YR.		EOD DATA		33. SECURITY REQ. NO.	34. SEX
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		36. SERV. COMP. DATE NO. DA. YR.		37. LONG. COMP. DATE NO. DA. YR.		38. CAREER CATEGORY CAG RESV PROV TEMP		39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES HEALTHINS CODE		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED: CODE 1 - YES 2 - NO NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO CODE NO TAX EXEMP STATE CODE				
SIGNATURE OR OTHER AUTHENTICATION											

PROCESSED 31  
APR 11 1966

POSTED  
APR 11 1966  
FORM 1  
Excluded from automatic  
downgrading and  
declassification  
When Filled In







MHC: 2 13 MAR 64

SECRET  
(When Filled In)

OCB

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 006102			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO. DA. YR 03 15 64	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE 4136 6250 1012
	CF TO V	X	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP WE INTERNAL OPERATIONS SECTION		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0385	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 4	17. SALARY OR RATE 17210

18. REMARKS

FOSTER  
OCB

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY. CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 50600 WE		22. STATION CODE 24065	23. INTEGREE CODE	24. Mgmt. Code 3	25. DATE OF BIRTH MO. DA. YR 01 20 24			26. DATE OF GRADE MO. CA. YR.			27. DATE OF LEI MO. DA. YR.		
28. MTE EXPIRES MO. DA. YR 03 14 66		29. SPECIAL REFERENCE 82	30. RETIREMENT DATA 1 - CSC 2 - PICA 3 - NONE		31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA TYPE MO. DA. YR.			33. SECURITY REQ. NO.			34. SEX			
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	36. SERV. COMP. DATE MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CAR ELSV PROV TEMP			39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES			40. SOCIAL SECURITY NO.				
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM CALCULATED CODE 1 - YES 2 - NO			44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO			NO TAX STATE CODE EXEMP.				

EOD DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
 03/23/64 JK

FORM 11-62 1150

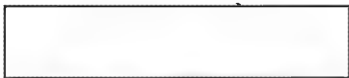
Use Previous Edition

SECRET 20 MAR 1964

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1960, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1964.



SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
006102	50	600	CF GS 15 4	\$16,005	\$17,210

POSTED  
CF-40  
8 JAN 1964

MHC:1128 OCT 63


SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER 006102												
3. NATURE OF PERSONNEL ACTION REASSIGNMENT					4. EFFECTIVE DATE MO. DA. YR. 10 13 63		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY				
		CF TO V		X		4136 6250 1012		50 USC 403 J				
9. ORGANIZATIONAL DESIGNATIONS DDP WE EXTERNAL OPS SECTION					10. LOCATION OF OFFICIAL STATION							
11. POSITION TITLE OPS OFFICER					12. POSITION NUMBER 0886		13. SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 4		17. SALARY OR RATE 16005					
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE 37	20. EMPLOY. CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 50600 WE		22. STATION CODE 24065	23. INTERSEE CODE	24. MOBILE CODE 3	25. DATE OF BIRTH MO. DA. YR. 01 20 24		26. DATE OF GRADE MO. DA. YR.		27. DATE OF LEI MO. DA. YR.	
28. DATE EXPIRES MO. DA. YR. 10 12 65		29. SPECIAL REFERENCE 84	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ. NO.		34. SEX		
35. VET. PREFERENCE CODE 1 - NONE 2 - 5 PT. 3 - 10 PT.		36. SERV. COMP. DATE MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CAP. SEC. CODE PROG. TEMP.		39. FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 MOS.) 3 - BREAK IN SERVICE (MORE THAN 3 MOS.)				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO			44. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO				
SIGNATURE OR OTHER AUTHENTICATION												

POSTED  
CF-40  
5 JAN 64

POSTED

(P)  
SECRET  
(When Filled In)

1 SERIAL NUMBER		3 NATURE OF PERSONNEL ACTION		4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT	
ADPD 08/17/63 006102		REASSIGNMENT		07 01 63			
A FUNDS		V TO V	V TO CF	7 COST CENTER NO CHARGEABLE		8 CSC OR OTHER LEGAL AUTHORITY	
		CF TO V	X CF TO CF	4136 6250 1012			
9 ORGANIZATIONAL DESIGNATIONS DLP/SK DIV				10 LOCATION OF OFFICIAL STATION			
11 POSITION TITLE CPS OFFICER				12 POSITION NUMBER 0240		13 CAREER SERVICE DESIGNATION E	
14 CLASSIFICATION SCHEDULE (GS, LR, etc) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15		17 SALARY OR RATE	
18 REMARKS							
							
SIGNATURE OR OTHER AUTHENTICATION							
[Signature Area]							

19 AUG 1963

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

SAB: 1 FEB 63

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 000102 037967		2. NAME [REDACTED]									
3. NATURE OF PERSONNEL ACTION PROMOTION					4. EFFECTIVE DATE MO DA YR 02   03   63			5. CATEGORY OF EMPLOYMENT REGULAR			
A. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 3134 4008 1000			8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J		
CF TO V		X		CF TO CF		9. ORGANIZATIONAL DESIGNATIONS DDP SR FOREIGN FIELD WESTERN EUROPEAN AREA					10. LOCATION OF OFFICIAL STATION [REDACTED]
11. POSITION TITLE OPS OFFICER					12. POSITION NUMBER 0240			13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 4		17. SALARY OR RATE 16005				
18. REMARKS  <div style="text-align: right; border: 1px solid black; padding: 5px;">         FEB 27 1963          [Signature]       </div>											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 22	20. EMPLOY. CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 60600 SR		22. STATION CODE 24065	23. INTEGREE CODE	24. Hdqtrs. Code 3	25. DATE OF BIRTH MO DA YR 01   20   24		26. DATE OF GRADE MO DA YR 02   03   63		27. DATE OF LEI MO DA YR 02   03   63
28. NTE EXPIRES NO. DA. YR		29. SPECIAL REFERENCE 80		30. RETIREMENT DATA 1 - CSC 2 - PFCB 3 - NONE		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ. NO. EOD DATA	
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		36. SERV. COMP. DATE NO. DA. YR		37. LONG. COMP. DATE MO DA YR		38. CAREER CATEGORY CAR RESV CODE PROV TEMP		39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES HEALTH INS CODE		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO		44. STATE TAX DATA NO. TAX EXEMPTIONS FORM EXECUTED 1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 10px; display: inline-block;">           POSTED            FEB 27 1963            [Signature]         </div>											

FORM 1150  
4-62 11 FEB 1963

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

### AUTOMATED PSI RECORD ADJUSTMENT

	SERIAL NO.	LEI	PSI DUE DATE	ORGANIZATION CODE		CURRENT
◀	YR. MO. DA	YR. MO. DA	YR. MO. DA	OFFICE	DIVISION	GRADE STEP
	62   07   08	64   07   05		DDP/	SR	GS-14   6

PROJECTED		20 CHARACTERS
GRADE STEP		
GS-14 7		

FUND	SCHED.	CURRENT SALARY	PROJECTED SAL.	ID CODE	
V/CF		(OR HOURLY RATE)	(OR HOURLY RATE)		
CF	GS	\$14,970	\$15,865	C	>

REMARKS  
 Subject received a PSI 07/08/62 to GS-14-6 so will not be due another until 07/05/64.

(2/27/62)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS. EFFECTIVE 14 OCTOBER 1962

[Redacted Box]

SERIAL	ORGN	FUNDS	OLD GRSST SALARY	NEW GRSST SALARY
006102	40600	CF 14 6	313510	14 6 = 314920

look on

PSC: 20 AUG 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
OAB													
1. SERIAL NUMBER 886102		2. NAME (LAST FIRST MIDDLE) [REDACTED]											
3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT (CAREER)				4. EFFECTIVE DATE 08 05 62		5. CATEGORY OF EMPLOYMENT REGULAR							
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 3134 4008 1000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J					
CF TO V		X		CF TO CF		9. ORGANIZATIONAL DESIGNATIONS DDP SR WESTERN EUROPEAN AREA							
10. LOCATION OF OFFICIAL STATION						11. POSITION TITLE OPS OFFICER							
12. POSITION NUMBER 0240				13. CAREER SERVICE DESIGNATION D				14. CLASSIFICATION SCHEDULE (GS, AB, etc.) GS					
15. OCCUPATIONAL SERIES 0136.01				16. GRADE AND STEP 14 6		17. SALARY OR RATE 13510							
18. REMARKS  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">           POSTED ON            08-20-62  <i>Jhr</i> </div>													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE 13	20. EMPLOY. CODE 10	21. OFFICE CODING NUMERIC: 60600 ALPHABETIC: SR		22. STATION CODE 24065	23. INTEGREE CODE	24. HQ/UNIT CODE 3	25. DATE OF BIRTH 01 20 24			26. DATE OF GRADE 01 16 55		27. DATE OF LET 01 08 61	
28. WIE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE: [ ] NO. DA. YR.			33. SECURITY REQ. NO. 06102		34. SEX MI		
35. VLT. PREFERENCE		36. SERV. COMP. DATE 03 07 44		37. LONG. COMP. DATE 11 20 43		38. CAREER CATEGORY CAR: C BEN: C PROV: C TEMP: C		39. FEGLI / HEALTH INSURANCE CODE: 1 COE: 1 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO. 042205339			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE: 1 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				42. LEAVE CAT. CODE 8	43. FEDERAL TAX DATA FORM EXECUTED: 0 NO TAX EXEMPTIONS: 0		44. STATE TAX DATA FORM EXECUTED: 2 - NO CODE: [ ] NO TAX EXEMP: [ ] STATE CODE: [ ]						
SIGNATURE OR OTHER AUTHENTICATION													
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;">           POSTED  <i>[Signature]</i> </div>													

FORM 1150

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(4-51)

(When Filled In)

300 8-20-62

DAB: 16 AUG 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
OEF											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
006102											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RESIGNATION						MO. DA. YR. 08 04 62		REGULAR			
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
X						323U 1000 1000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/SR SR/6 OFFICE OF THE CHIEF						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER BR CH						0050		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			14 6			13510		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Wdgt. Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
45	10						MO. DA. YR. 01 20 24				
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA			33. SECURITY REC. NO.	34. SER	
MO. DA. YR.			1 - CSC 2 - FICA 3 - NONE		180091	TYPE NO. DA. YR.			EOD DATA		
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. REG. / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		MO. DA. YR.		MO. DA. YR.		CAR. RES. PROV. TEMP.		CODE CODE 0 - WAIVER 1 - YES		HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA			
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS.) 3 - BREAK IN SERVICE (MORE THAN 3 YRS.)					FORM EXECUTED CODE NO. TAX EXEMPTIONS 1 - YES 2 - NO			FORM EXECUTED CODE NO. TAX STATE CODE 1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION											

LLG 8/16/62

FORM 1150 Use Previous Edition 6-62

SECRET

FORM 1150 USE PREVIOUS EDITION (When Filled In)

(4-81)



234-1010-10  
3040  
85  
3/20

1. Serial No 006102		2. Name [Redacted]		3. Cost Center Number 60 300 V 7		4. LWOP Hours				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ
GS-14	5	\$13,250	01/08/61	GS-14	6	\$13,510	07/08/62			
8. Remarks and Authentication										
<p>/ / NO EXCESS LWOP / / EXCESS LWOP</p> <p>/ / IN PAY STATUS AT END OF WAITING PERIOD</p> <p>IN LWOP STATUS AT END OF WAITING PERIOD</p> <p>CLERKS INITIALS      AUDITED BY</p> <p>PAY CHANGE NOTIFICATION</p>										

Form 9-61 560

Obsolete Previous Edition

(4-51)

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 006102		2. NAME [Redacted]			3. ASSIGNED ORGAN. DDP/SR 7		4. FUNDS V-20		5. ALLOTMENT		
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YE.				MO.	DA.	YE.
GS-14	4	\$12990	07	12	59	GS-14	5	\$13250	01	08	61
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK			11. AUDITED BY		
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD											
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT											
14. AUTHENTICATION											
<p>NONVRS TTONVW</p> <p>CLERKS INITIALS      AUDITED BY</p> <p>PAY CHANGE NOTIFICATION</p>											

FORM 8-59

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b.

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

2320

SECRET  
(When Filled In)

REF: 30 SEPT 1960

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 006102		2. NAME (LAST-FIRST-MIDDLE)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO VOUCHERDO FUNDS			4. EFFECTIVE DATE NO. DA. YR. 10   02   60
5. CATEGORY OF EMPLOYMENT REGULAR			6. COST CENTER NO. CHARGEABLE 1234 1000 1000
7. CSC OR OTHER LEGAL AUTHORITY 50 USC 403			8. FUNDS V TO V CF TO V X
9. ORGANIZATIONAL DESIGNATIONS DDP SR SR 6 OFFICE OF THE CHIEF		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE OPS OFFICER BR CH		12. POSITION NUMBER 0050	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, WD, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 14 4	17. SALARY OR RATE 12990
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 16	20. EMPLOY. CODE 10	21. OFFICE CODING NUMERIC: 60300 ALPHABETIC: SR		22. STATION CODE 75013	23. INTEGREE CODE	24. Hdqtrs. Code 1	25. DATE OF BIRTH NO. DA. YR. 01   20   24		26. DATE OF GRADE NO. DA. YR.	27. DATE OF LET NO. DA. YR.
28. NTE EXPIRES NO. DA. YR.		29. SPECIAL REFERENCE 1 - CSC 2 - PICA 3 - NONE		30. RETIREMENT DATA CCODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO. DA. YR.		33. SECURITY REQ. NO.	34. SEX	
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		36. SERV. COMP. DATE NO. DA. YR.		37. LONG. COMP. DATE NO. DA. YR.		38. MIL. SERV. CREDIT/LCD 1 - YES 2 - NO		39. FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO			44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMP. STATE CODE 1 - YES 2 - NO		

EOD DATA →

SIGNATURE OR OTHER AUTHENTICATION

*[Handwritten Signature]* 10/23/60

*[Handwritten Note]* 6810/15/60

PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL  
(When Filled In)

U. S. GOVERNMENT PRINTING OFFICE: 1954-220090

1. Agency and organizational designations					2. Payroll period		3. Block No. UV		4. Sfp No.		
5. Employee's name (and social security account number when appropriate)					6. Grade and salary GS-14, \$10,320						
PAYROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. L. C. A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous period											
8. New period											
9. Pay this period											
10. Remarks					11. Appropriation(s) SR 9			12. Prepared by DIB 3 May 56 12. Audited by			
<input type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase											
14. Effective date 15 Jul 56	15. Date last equivalent increase 16 Jan 55	16. Old salary rate \$10,320	17. New salary rate \$10,535	18. Performance, quality, and conduct of duty SERVICE AND CONDUCT ARE SATISFACTORY (Signature or other authentication)							
19. LWOP data (fill in appropriate spaces covering LWOP during following periods)				20. Check applicable box in case of excess LWOP <input type="checkbox"/> No excess LWOP. Total excess LWOP							
STANDARD FORM NO. 1126- Revised Form prescribed by Comp. Gen., U. S. October 26, 1934, General Regulations No. 102											

CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY


IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
DI	[REDACTED]	506102	48 40	GS-14 4	\$12,075	\$12,990

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

SECRET

(WHEN FILLED IN)

1. EMP. SERIAL NO. 506102		2. NAME			3. ASSIGNED ORGAN. DDP/SR 10		4. FUNDS UV		5. ALLOTMENT		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
GS 14	3	\$11,835	NO.	DA.	YR.	GS 14	4	\$12,075	NO.	DA.	YR.
			01	12	58				07	12	59
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP											
IF EXCESS LWOP, CHECK FOLLOWING:						9. NUMBER OF HOURS LWOP					
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK					
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						11. AUDITED BY					
12. PROJECTED SALARY RATE AND EFFECTIVE DATE											
GRADE	STEP	SALARY	NO.	DA.	YR.	13. REMARKS					
						4 742					
14. AUTHENTICATION											
 <b>G. M. STEWART</b> PERIODIC STEP INCREASE - AUTHENTICATION											

FORM NO. 560a  
1 MAR. 56

SECRET

PERSONNEL FOLDER (4)

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
 12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI  
 DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
[Redacted]	506102	GS-14-3	\$10,750	\$11,835

GORDON M. STEWART  
 /S/ DIRECTOR OF PERSONNEL

SECRET

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO. <b>506102</b>		2. NAME			3. ASSIGNED ORGAN. <b>DDP/SR 8</b>		4. FUNDS <b>UV</b>		5. ALLOTMENT		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
<b>14</b>	<b>2</b>	<b>\$10,535</b>	<b>07</b>	<b>15</b>	<b>56</b>	<b>14</b>	<b>3</b>	<b>\$10,750</b>	<b>01</b>	<b>12</b>	<b>58</b>
REMARKS											
<b>CERTIFICATION</b>											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
TYPED, OR PRINTED, NAME OF SUPERVISOR <b>BELIC, GEORGE</b>			DATE <b>15 Jan 1958</b>		SIGNATURE OF SUPERVISOR <i>George N. Belic</i>						
<b>PERIODIC STEP INCREASE - CERTIFICATION</b>											
										PERSONNEL FOLDER (4)	

FORM NO. 560  
1 MAR. 56

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO. <b>506102</b>		2. NAME			3. ASSIGNED ORGAN. <b>DDP/SR</b>		4. FUNDS <b>UV</b>		5. ALLOTMENT														
6. OLD SALARY RATE						7. NEW SALARY RATE																	
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE														
			MO.	DA.	YR.				MO.	DA.	YR.												
<b>14</b>	<b>2</b>	<b>\$10,535</b>	<b>07</b>	<b>15</b>	<b>56</b>	<b>14</b>	<b>3</b>	<b>\$10,750</b>	<b>01</b>	<b>12</b>	<b>58</b>												
<p align="center"><b>TO BE COMPLETED BY THE OFFICE OF COMPTROLLER</b></p> <p>9. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP</p> <p>IF EXCESS LEAVE LWOP, CHECK FOLLOWING:</p> <p><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD</p> <p><input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD</p> <p>9. NUMBER OF HOURS LWOP</p> <p>10. INITIALS OF CLERK</p> <p>11. AUDITED BY</p>																							
<p align="center"><b>TO BE COMPLETED BY THE OFFICE OF PERSONNEL</b></p> <p>12. PROJECTED SALARY RATE AND EFFECTIVE DATE</p> <table border="1"> <tr> <td>GRADE</td> <td>STEP</td> <td>SALARY</td> <td>MO.</td> <td>DA.</td> <td>YR.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>13. REMARKS</p>												GRADE	STEP	SALARY	MO.	DA.	YR.						
GRADE	STEP	SALARY	MO.	DA.	YR.																		
14. AUTHENTICATION																							
<b>SECRET</b>																							
<b>PERIODIC STEP INCREASE - AUTHENTICATION</b>																							
										PERSONNEL FOLDER (4)													

**SECRET**

**SECRET**

SECRET

STANDARD FORM 52 PLANS BY THE U. S. CIVIL SERVICE COMMISSION GENERAL REG. - FEDERAL PERSONNEL MANUAL, CHAPTER 61		UNVOUCHERED	
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., Mrs., Miss - One given name, initials, and surname)		2. DATE OF BIRTH	4. DATE OF REQUEST
[Redacted]		20 Jan. 1924	26 Sept. '56
3. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED	7. C. S. OR OTHER LEGAL AUTHORITY
REASSIGNMENT		B. APPROVED: 21 Oct	
B. POSITION (Specify whether establish, change grade or title, etc.)			
FROM Area Ops Officer BCF-189-14 GS-0136.01-14 \$10,535.00 p.a.	8. POSITION TITLE AND NUMBER	TO Area Ops Officer BCF-189-14 GS-0136.01-14 \$10,535.00 p.a.	
	9. SERVICE GRADE AND SALARY	DDP/SR Far East Area	
	10. ORGANIZATIONAL DESIGNATIONS	[Redacted]	
	11. HEADQUARTERS		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	(D)
13. REMARKS (Use reverse if necessary)			
RE-SLOTTING FOR NEW APPROVED T/O.			
B. APPROVED BY <i>Robert D. Lovelace</i> Robert D. Lovelace		D. REQUEST APPROVED BY Signature: _____ Title: _____	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		Ext. 4407	
13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION	
NONE   WWII   OTHER 3 PT.   10 POINT DISAB.   OTHER		NEW   VICE   I. A.   REAL	
15. SEX M		16. APPROPRIATION FROM 7-3400-55-015 TO 7-3400-55-015	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes
18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
20. STANDARD FORM 50 REMARKS			
[Redacted] R.A. Skelton, F1/100 2 Oct 56			
21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.	[Signature]	11 OCT 1956	
B. CEIL. OR POS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.	743	10-9	
E.			
[Redacted] per 743 mar. 9 Oct '56			

USED IN LIEU OF SF 50  
NOTIFICATION OF PERSONNEL ACTION

POSTED  
11 OCT 1956  
[Signature]



CONFIDENTIAL

STANDARD FORM 50 IS PART  
OF APRIL 1951  
RECOMMENDED BY  
U. S. CIVIL SERVICE COMMISSION  
CHAPTER 5, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

TVS

1. NAME (LAST-FIRST-MIDDLE-OR-GIVEN NAME, INITIALS, AND SURNAME)  		2. DATE OF BIRTH 20 Jan 1924	3. JOURNAL OR ACTION NO.	4. DATE 19 Jan. 1955
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) PROMOTION (ASSIGNMENT)		6. EFFECTIVE DATE B.O.B. 16 Jan 1955	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 53 UECA 403 J	
FROM Area Ops Officer (Br. Ch) EC-171-18 GS-0136.01-13 \$3560.00 per annum DDP/SR SR/5  Washington, D. C.		TO Area Ops Officer BCF-189-14 GS-0136.01-14 \$9600.00 per annum DDP/SR Far East Area		
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		14. POSITION CLASSIFICATION ACTION REG. <input type="checkbox"/> FIELD <input type="checkbox"/> I. P. <input type="checkbox"/> REGR. <input type="checkbox"/>		
13. VETERAN'S PREFERENCE None <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>		19. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <input checked="" type="checkbox"/> Yes		
17. APPROPRIATION FROM: 5-3400-20 TO: 5-3400-55-015		18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) STATE: MD		
20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED				
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.  This action amends Item #9, on the "from" side, on Notification dated 11 Jan. 1955, to show the correct salary, previously shown as \$3360.00 per annum.  Subject to approved medical clearance prior to being sent overseas.				
22. SIGNATURE AND POSITION OF AUTHORITY  my 1/20/55				

"Transfer TO Unvouchered funds FROM Vouchered funds."

ANCE PERFORMANCE RATING:  
Party Assistant Director

4. PERSONNEL CIVIL



CENTRAL INTELLIGENCE AGEN

NOTIFICATION OF PERSONNEL ACTION Conc. 6 Jan. 1955 FVS

1. NAME (MR., MISS, MRS.—ONE GIVEN NAME, INITIALS, AND SURNAME)  		2. DATE OF BIRTH 20 Jan. 1924	3. JOURNAL OR ACTION NO.  	4. DATE 11 Jan. 1955
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>PROMOTION</b>		6. EFFECTIVE DATE B.O.B. 16 Jan 1955	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 J	
FROM		TO		
Area Ops Officer (Br. Ch) EC-171-13 OS-0136.01-13 \$8360.00 per annum Yo 60 DDP/SR SR/5  Washington, D. C.		8. POSITION TITLE  9. SERVICE, SERIES, GRADE, SALARY  10. ORGANIZATIONAL DESIGNATIONS  11. HEADQUARTERS	Area Ops Officer BCF-189-14 OS-0136.01-14 \$9600.00 per annum DDP/SR Far East Area  	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> S. P. <input checked="" type="checkbox"/> 10-POINT OTHER VETERAN		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL  EO-PI		
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 5-3400-20 TO: 5-3400-55-015	18. SUBJECT TO C. S. RETIREMENT ACT (YES NO) Yes	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)  
20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Md.				
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.  Subject to approved medical clearance prior to being sent overseas.  "Transfer TO Unvouchered funds FROM Vouchered funds."				

RECORDED  
JAN 17 1955

ENTRANCE PERFORMANCE RATING: [Circular patterns]

Deputy Assistant Director for Personnel Administration

4. PERSONNEL FOLDER COPY



CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
		20 Jan. 24		3 July 53
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Promotion		5 July 53	Sch. A-6.116(b)	
FROM		TO		
Deputy Chief I. O. DC-190-12		Deputy Chief I. O. DC-190-13		
GS-132-12 \$7040.00 per annum		GS-132-13 \$8360.00 per annum		
DDP/SR Division SR-5 Far East Office of the Chief		DDP/SR Division SR-5 Far East Office of the Chief		
Washington, D. C.		Same		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE WWI OTHER 5-PT. 15-POINT X X DISAB. OTHER		NEW VICE I. A. REAL		
15. SEX M		17. APPROPRIATION FROM: 3400-20 TO: Same		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes
		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVIDED STATE:
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
gjm				
ENTRANCE PERFORMANCE RATING				
Acting Chief, Personnel Division				
SIGNATURE AND IDENTIFICATION				



CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION (Rev. 1-1-58)

1. NAME (MR., MRS., MISS, OR MS) AND FULL NAME, INITIALS, AND SURNAME		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE																				
		20 Jan. 1954	9930	18 Jan. 58																				
This is to notify you of the following action affecting your employment:																								
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY																					
Promotion		20 Jan. 58	Conduct 1-6.116(b)																					
FROM		TO																						
Intelligence Officer GS-11		Operations Officer GS-12																						
GS-11-132 \$5940.00 per annum		GS-12-132 \$7040.00 per annum																						
9. SERVICE SERIES, GRADE, SALARY		9. SERVICE SERIES, GRADE, SALARY																						
10. ORGANIZATIONAL DESIGNATIONS		10. ORGANIZATIONAL DESIGNATIONS																						
OFC FE FE-3		OFC FE FE-3																						
11. HEADQUARTERS		11. HEADQUARTERS																						
Washington, D.C.		Washington, D.C.																						
12. FIELD OR DEPT'L		12. FIELD OR DEPT'L																						
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL																						
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION																						
<table border="1"> <tr> <td>NONE</td> <td>5</td> <td>OTHER</td> <td>10-POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td>DISAB. OTHER</td> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </table>		NONE	5	OTHER	10-POINT				DISAB. OTHER			X		<table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>I.A.</td> <td>REAL</td> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </table>			NEW	VICE	I.A.	REAL			X	
NONE	5	OTHER	10-POINT																					
			DISAB. OTHER																					
		X																						
NEW	VICE	I.A.	REAL																					
		X																						
		Dtl. 9845 1/17/58																						
15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)																				
M	W	FROM 2123900 TO 2017	YES																					
				20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE Maryland																				
21. REMARKS: THIS ACTION IS SUBJECT TO ALL APPLICABLE LAWS, RULES, AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.																								
(S19)																								
<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;"></div>																								
PERSONNEL DIVISION 22. SIGNATURE OR OTHER AUTHENTICATION																								
ENTRANCE EFFICIENCY RATING:																								



12

STANDARD FORM NO. 50 (REV. 1-25-50)  
REPLACES FORM NO. 50  
AS AUTHORIZED BY FEDERAL PERSONNEL MANUAL  
U. S. CIVIL SERVICE COMMISSION

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

F.C. 1/19/51  
(ml)

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIALS, AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
[Redacted]		20 Jan. 1928	14998	19 Feb. 1951
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Excepted Appointment		19 Feb. 1951	Schedule A-6.116(a)	
FROM		TO		
8. POSITION TITLE		Intelligence Officer, GS-9		
9. SERVICE, SERIES, GRADE, SALARY		GS-9-132-\$4600.00 per. annum.		
10. ORGANIZATIONAL DESIGNATIONS		OFC FB FK-3, Japan Section		
11. HEADQUARTERS		Washington, D. C.		
FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>		FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> P.A. <input type="checkbox"/> REAL <input type="checkbox"/>		
		Du. #2974 CBC#3031 6/2/49		
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> O	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)
		FROM: 2115900 TO: 041-101	Yes	19 Feb. 1951
		20. LEGAL RESIDENCE		STATE: Md.
		CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/>		
21. REMARKS: THIS ACTION IS SUBJECT TO ALL APPLICABLE LAWS, RULES, AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.				
Trial period has been completed.				
ENTRANCE EFFICIENCY RATING:		[Redacted]		
		[Redacted]		
		Personnel Division		
		11-9-35		
		22. SIGNATURE OR OTHER AUTHENTICATION		
		09		

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME [redacted] DATE 9 January 1951

NATURE OF ACTION Resignation EFFECTIVE DATE 16 Feb 1951

	FROM	TO
TITLE	Intelligence Officer V	
GRADE AND SALARY	GS-9, \$4600 p/a	
OFFICE	OPC	
DIVISION	FE	
BRANCH	FE-3 Janan Section	
OFFICIAL STATION	[redacted]	

QUALIFICATIONS	APPROVAL FOR ASSISTANT DIRECTOR	EXECUTIVE
	CHIEF, FE Division	
CLASSIFICATION	PERSONNEL OFFICER	

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES NO

DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON

SECURITY CLEARED ON

OVERSEAS AGREEMENT SIGNED

ENTERED ON DUTY

SIGNATURE OF AUTHENTICATING OFFICER

REMARKS:

S-49 FE-39 JREDICT

Transfer leave ~~to~~ unvouchered funds.

*-not due US for travel work*

*[Signature]*



SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION		
NAME	DATE 7 September 1950	
NATURE OF ACTION Promotion	EFFECTIVE DATE 1 October 1950	
	FROM	TO
TITLE	Intelligence Assistant	Intelligence <i>Officer</i>
GRADE AND SALARY	GS-7 \$3825 p/a	GS-9 \$4600 p/a
OFFICE	OIC	OIC
DIVISION	FE	FE
BRANCH	FE 3	FE 3
OFFICIAL STATION		
QUALIFICATIONS	PERSONNEL OFFICER	EXECUTIVE
CLASSIFICATION	E-757	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
SIGNATURE OF AUTHENTICATING OFFICER		
REMARKS: Employee EOD with CIA 20 Nov 49 as GS-7 130 Changed to FE-11, JSEDIOT, Position No. 49, Japan <div style="text-align: right;"><i>BLD H</i></div>		



SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME: [REDACTED]		DATE: 15 July 1950
NATURE OF ACTION: Resignation		EFFECTIVE DATE: 000 17 July 1950
TITLE	FROM: Intelligence Assistant	TO:
GRADE AND SALARY	GS 7, \$3825 p/a	
OFFICE	OPC	
DIVISION	Operations	
BRANCH	FED	
OFFICIAL STATION	[REDACTED]	
QUALIFICATIONS	APPROVAL FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	HOLLIS GILROY, JR PERSONNEL OFFICER <i>Robert S. [Signature]</i>	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/> NO <input type="checkbox"/>
A MONTH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
REMARKS:		SIGNATURE OF AUTHENTICATING OFFICER
<p><i>Subject to be entered on duty on unencumbered funds in his true name of [REDACTED]. The effective date of his true name appointment is 18 July 1950.</i></p> <p><i>RSR [Signature]</i></p>		<p>[REDACTED]</p> <p>Authorized Certifying Officer</p>

SECRET

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME		DATE
NATURE OF ACTION		EFFECTIVE DATE
Exempted Appointment		7 November 1949 20 November 1949
	FROM	TO
TITLE		Intelligence Center GS-7
GRADE AND SALARY		GS-7, \$8225.00
OFFICE		CPC Ops Staff
BRANCH		FID Area III
DIVISION		50-11-1BEDICT
OFFICIAL STATION		
QUALIFICATIONS	APPROVAL	
	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	PERSONNEL OFFICER	
	<i>[Signature]</i>	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS	YES	NO
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON 21 November 1949		
SECURITY CLEARED ON 10 June 1949		
OVERSEAS AGREEMENT SIGNED 21 November 1949		
ENTERED ON DUTY 20 November 1949		
NOC-07/05/53 CSECIS - 17/10/49 n o r 11/10/49		
		SIGNATURE OF AUTHENTICATING OFFICER
REMARKS:		
Pseudonym acknowledged 21 November 1949. <i>[Signature]</i>  <div style="border: 1px solid black; padding: 5px; display: inline-block;">           IS VERIFIED            BY <u>104</u> DATE <u>1-13-51</u> </div> <div style="margin-left: 20px;"> <i>[Signature]</i>            Authorized Contracting Officer         </div>		

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				006102			
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
[REDACTED]			20 Jan 24	M	GS-15	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Off			DDP/EUR		[REDACTED]		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See instructions - Section C)	<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT SUPERVISOR	<input type="checkbox"/>	
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
31 May 1971				1 April 1970 to 31 March 1971			
<b>SECTION B</b>				<b>PERFORMANCE EVALUATION</b>			
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
1. [REDACTED] for the purpose of further developing access to Station targets and appreciably [REDACTED]							RATING LETTER
							O
2. Uses [REDACTED] to gain access to MHIARSH personnel and spot leads on eventual access and support-type assets directed against the local MHIARSH and TRPAST targets.							RATING LETTER
							S
3. Develops and assesses MHIARSH officials with whom he has made contact as well as access prospects to the local MHIARSH and TRPAST targets.							RATING LETTER
							P
4. Responds to various Station requirements including investigative work.							RATING LETTER
							S
5. Reports on the above activities.							RATING LETTER
							P
6. [REDACTED]							RATING LETTER
							[REDACTED]
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
							S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

During the period under review, Subject managed to gain [redacted]

[redacted] He did this without help from Headquarters or the Station. Such an achievement is a tribute to Subject's fluency in [redacted] his ability to write, his general scientific know-how and his good business sense.

[redacted] Subject's contribution to the Station operations in the MHHARSH and TPFASST fields against which he is targetted temporarily decreased somewhat. Subject continued, however, to maintain contact with three local MHHARSH officials and initiated contact with three others. He also continued to search for new leads to personalities in the priority areas assigned to him. Subject has the capability to call on local scientists or technicians of just about any nationality with the possible exception of TPFASST citizens. He has used this near-unique potential well.

Subject has had occasional difficulty switching from "professional" or intellectual subjects in his development of MHHARSH personalities or access prospects to more down-to-earth interests necessary --con't--

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT <i>and D.</i>		
DATE	SIGNATURE OF EMPLOYEE	
9 June 1971	/s/ Thomas B. CASASIN	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
16 months		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
	Handling Officer	/s/ [redacted]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
The Station submitted comments on Subject officer recently in OPPT-16549 (6 April 1971), to which we should add that Subject has, largely on his own merits, acquired a solid and potentially highly useful		
[redacted]		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
24 May 1971	Done	/s/ Hugh Montgomery

SECRET

S E C R E T

- 2 -

FITNESS REPORT

Section C (continued)

to the development of human relations. His forte is therefore more in the field of spotting and making operational contacts than in that of more than short-range operational development. Subject's operational situation makes it impossible for him to attempt recruitments. Thus, his very real achievements are not by essence of the spectacular variety.

Subject's reporting has been satisfactory and continue to be copious. He could, however, further improve the selectivity of the leads provided the Station and make more of an effort to "digest" the information contained in his reports.

Although Subject has, at present, no supervisory function, he has repeatedly requested such a responsibility. He is careful with operational expenses and has exercised good security.

During the period under review, additional efforts have been made to make full use of Subject's potential and integrate him further in the work of the station component with which he works. He is a particularly valuable asset for the Station programs directed against the local MHIARSH and TPFAS targets.

Section D (continued)

substantial. In a word, is it worth it? We do not yet know, although our initial impressions are favorable.

On the fitness report itself, this rater would have preferred an "S" rating for specific duty number one; Subject may ultimately deserve an "O", but it does not seem warranted at the present time. Moreover, I believe the overall rating would more properly have been in the higher range of the "P" category, rather than "S", but it is of course a subjective judgment of the rating officer, who is more intimately and directly involved with Subject on a frequent basis.

In sum, [redacted] is superb, and only time will reveal to what extent the [redacted] requirements permit a full measure on behalf of the Organization. We are following this aspect closely and will be commenting upon it subsequently as we gain experience and knowledge.

S E C R E T

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (use initials only if SA)	DATE (from item 5-D)	NAME OF SUPERVISOR (initials)	DATE (from item 5-2)
[REDACTED]	17 Oct 69	[REDACTED]	[REDACTED]
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	
12 December 1969	[REDACTED]-15240	[REDACTED]	

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
20 I 1924	CS	S&T project manager, Area Ops Off, GS 15	[REDACTED]	[REDACTED]
8A. DATE OF PCS ARRIVAL IN FIELD	8B. REQUESTED DATE OF DEPARTURE	8C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	8D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
5 Sep 1967	Please see 11B	Summer 1970	o/a 1 October, 1970	

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

2: (at that time) 42 and 17

9. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

I would like very much to use my fluent [REDACTED] in my next assignment, as well as make use of my extensive exposure to science and technology -- both operations and and the larger world of the scientist and the engineer in today's evolving societies and economies. I would most especially hope to use my long experience in [REDACTED] activities and the managerial exposure accumulated thereby.

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-F 240-8)

- I planned, established and operated a long-range S&T spotting-assessment activity against sensitive targets, and a shorter range similar local activity during a period marked largely by an adverse political climate.
- I planned, developed and exploited, and modified a [REDACTED] in order to mask our operational activity, and integrated these into the broader ranging overall activities of a major field Station.
- I managed the [REDACTED] activity of [REDACTED] organizations. The tasks included many business and production aspects as well as management of the [REDACTED] personnel in the field and from the home office.
- I assisted other Stations and Bases, upon their request, in spotting-assessment activities, in local search and surveillance of targets, and in recruitment.
- As my original [REDACTED] became modified as a result of [REDACTED] I was able to develop, alone, continuing cover to serve our needs of operational access as well as those of [REDACTED]

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

(a) the senior-most management course offered through the Organization;

(b) a review course of activities within the CS and the Organization as a whole;

(c) at least audit the S&T course, if that is still being offered.

If (a) is possible through a civil school away from Headquarters, I would have no objection to the displacement involved.



SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

First choice: to manage a large-scale [ ] project in a [ ] speaking technically advanced locale.  
 Second choice: chief of station or base [ ] in an area where I can combine my experience and linguistic ability.  
 Third choice: to be assigned to Staff training, preferably training (a) senior unit or project managers, or (b) JOTs.  
 Fourth choice: to be assigned to Staff personnel work -- above the Division level -- where new personnel are screened, tested and evaluated, then assigned.  
 Fifth choice: to work on the Intelligence side of the house.

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES, AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

EXTEND TOUR \_\_\_\_\_ MONTHS AT CURRENT STATION TO \_\_\_\_\_ (DATE)

BE ASSIGNED TO \_\_\_\_\_ MONTHS FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, STAFF, OR OFFICE.  
 1ST CHOICE Staff training 2ND CHOICE Personnel 3RD CHOICE Intelligence

BE ASSIGNED TO ANOTHER FIELD STATION; INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
 1ST CHOICE [ ] 2ND CHOICE [ ] 3RD CHOICE [ ]

RETURN TO MY CURRENT STATION; with different responsibilities

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Station recommends that Subject return PCS to Headquarters at the end of his current tour. We would welcome a replacement who is capable of functioning in the same general [ ] context, but any such individual must also be able to spot and thoroughly access agent candidates. He should also handle a number of agents in the same field. We are, in short, seeking an officer who will aggressively exploit his [ ]  
 ----- continued -----

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

No decision has been made concerning next assignment

DATE 24 Aug 70 TITLE C/E/PERS SIGNATURE [ ]

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. \_\_\_\_\_ DATED: \_\_\_\_\_  
 CABLE NO. \_\_\_\_\_ DATED: \_\_\_\_\_

CAREER SERVICE REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (SIGNATURE)

S E C R E T

Field Reassignment Questionnaire (continued)

12. develop new operational leads on his own initiative, and at the same time be prepared to take over and run assets related to his own

S E C R E T

SECRET

(When Filled In)

Est

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				006102	
<b>SECTION A</b>			<b>GENERAL</b>		
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
		20 Jan 1924	M	GS-15	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		
Ops Off			DDP/EUR/		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 April 1969 - 31 March 1970		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Established and maintains a [ ] for the purpose of developing natural access to Station targets.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Uses [ ] to develop leads on eventual access or support type assets to be used by the Station against the local MIHARSH target.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Responds to various Station requirements including investigative work.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Initiates contact with selected local MIHARSH targets and undertakes to develop sufficient rapport with them to provide operational assessments.					S
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

29 JUN 1970

**SECTION C NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

The comments of the rating officer are limited to the period from October 1969 to March 1970 during which he worked with Subject. The previous rating officer has added his comments to allow coverage of the total indicated period from April 1969 to March 1970. During this period Subject was integrated in a new team assigned to the local S&T and Commercial MHWARSH target. Subject's recent activity has been very productive indeed. Subject used the excellent potential [redacted] to skillfully spot and assess access agent candidates. As Subject's operational situation [redacted] precludes making recruitment, the most promising of these candidates was placed in contact with a Station officer during social events Subject organized. At the same time, Subject continued his efforts to develop personal relationship with several MHWARSHers. The beginning of personal, as opposed to purely professional, relations with a major MHWARSH target enabled him to obtain insight into the target's beliefs and personality which was the best the Station had to date. Subject also managed to establish contact with two other MHWARSH representatives of interest. This, in one case, required almost six months to accomplish via a combination of patience, skill and determination. Subject is an experienced officer. He is cost conscious and practices good security. The Station has no other asset with the necessary scientific and editorial know-how, fluent [redacted] and local knowledge to replace Subject. In view of this and the recent progress made by Subject in response to very specific requirements and his willingness to try to establish personal and, hopefully, social relations with access prospects and MHWARSH targets, the Station recently recommended that he be extended in [redacted]. At the same time, the Station recommended that Subject's [redacted]

<b>SECTION D</b>		
<b>BY EMPLOYEE</b>		
1. I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
	/s/ [redacted]	
<b>BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
	Handling Officer Chief, SR II	/s/ [redacted]
<b>BY REVIEWING OFFICIAL</b>		
3. COMMENTS OF REVIEWING OFFICIAL		
As previous Station correspondence and fitness reports will reflect, this officer has been the subject of varying evaluations and projections in recent years. In fairness to him, however, it is equally true that an officer [redacted] reflects, in the level and quality of his performance, the amount and type of guidance, direction and push he receives from the responsible [redacted] officer. Making allowances for these variables, this officer's past record has not been impressive; however, it is also correct to note that he has improved substantially during the latter part of the period under review, and that if the Station can work out some fiscal arrangement which will reduce the heavy financial input		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
19 May 1970	DCOS	/s/ Hugh Montgomery

**SECRET**

**Section D3 continued**

from the Organization, his continued presence at this Station definitely appears to be warranted for a sufficient period to reach more definite conclusions concerning the level of sustained performance over a somewhat longer period than that reflected by this report.

On balance, we are pleased that this officer has responded so well to greater [ ] direction and that he has undertaken somewhat more aggressive efforts to expand his range of contacts in immediate proximity to the primary Station targets. This officer does bring many talents to bear on his operational activity: he has absolutely fluent [ ] a solid and [ ] and a vast range of contacts in the local community. Nonetheless, it will require additional time to explore these contacts in depth, select those which appear to be operationally viable, and pursue them actively either to the point of recruitment by another officer or elimination from further development, for whatever reason.

In sum, in spite of the recognized and commendable improvement in this officer's performance during the period under review, the reviewer submits that the letter grade for specific duties 2 and 4 would more properly have been a "P", and that the overall rating, at this point, would more accurately be set at a level between "P" and "S", probably closer to the former than the latter.

This reviewing comment has been read by the officers who prepared the Fitness Report.

**SECRET**

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
SECTION A				GENERAL			
1. NAME <small>(Last) (First) (Middle)</small>		2. DATE OF BIRTH		3. SEX		4. GRADE	
[REDACTED]		20 Jan 1924		M		GS-15 D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer				DDP/EUR/		[REDACTED]	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> INITIAL		REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input type="checkbox"/> TEMPORARY		<input checked="" type="checkbox"/> ANNUAL		REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 October 1968 - 31 March 1969			
SECTION B PERFORMANCE EVALUATION							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Establishes and maintains [REDACTED] for the purpose of developing natural access to Station targets.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Develops [REDACTED] pretexts to meet WOLADY and third national of operational interest in the S&T community.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Responds to Station ad-hoc requirements on the local internal target.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Develops potential agent prospects in the S&T community to the point where they can be recommended as Station agent candidates.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
[REDACTED]							
SPECIFIC DUTY NO. 6						RATING LETTER	
[REDACTED]							
OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						S	

SECRET  
(When Filled In)

SECTION C			NARRATIVE COMMENTS		
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>					
<p style="text-align: right;">OCT 9 1 35 PM '69</p> <p>During this reporting period subject had very <sup>markedly</sup> increased the tempo of his activities and contacts. Many agent prospects have been screened and contacts were established with people of interest to several elements of the Station. Subject is particularly thorough and outstanding on specific investigations where he utilized [redacted] in a skillful and imaginative way. He has improved in terms of people development but in this respect he is still best with people in a professionally related context rather than a contrived social context. As mentioned in the previous report subject's [redacted] does not allow him to make recruitments. Subject has a high degree of cost consciousness and does not exercise any supervisory responsibilities.</p>					
SECTION D			CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE	SIGNATURE OF EMPLOYEE				
11 June 1969	/s/ [redacted]				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION		IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
5 June 1969	Ops Officer	/s/ [redacted]			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
<p>I do not concur in this rating. I would have given the employee STRONG in the performance of his [redacted] responsibilities, that is to say in the manner in which he has created and expanded [redacted] I would have restricted myself to PROFICIENT, however, in assessing his exploitation [redacted] for operational purposes. For a fuller treatment of this [redacted] performance, suggest that reference be made to the [redacted] Status Report, submitted 26 May 1969, via [redacted] 99925.</p>					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
23 JUNE 1969	Chief of Station	/s/ [redacted]			

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A				GENERAL	
1. NAME [REDACTED]		2. DATE OF BIRTH 20 Jan 1924	3. SEX M	4. GRADE GS-15	5. SD D'
6. OFFICIAL POSITION TITLE Ops Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/EUR/		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From to) 1 April 1967 - 30 November 1967		
SECTION B PERFORMANCE EVALUATION					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Establishes and maintains [REDACTED] for the purpose of developing natural [REDACTED] to Station targets.					RATING LETTER S
SPECIFIC DUTY NO. 2 Develops [REDACTED] pretents to meet WCLADY and third national of operational interest in the S&T community.					RATING LETTER S
SPECIFIC DUTY NO. 3 Responds to Station ad-hoc requirements on the local internal target.					RATING LETTER S
SPECIFIC DUTY NO. 4 Develops potential agent prospects in the S&T community to the point where they can be recommended as Station agent candidates.					RATING LETTER P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S



SECRET  
(When Filled In)

**SECTION C NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Since the last reporting period <sup>3 Oct 68</sup> subject's efforts were directed by the Station toward the spotting, developing and assessing WOLADY S&T agent candidates in terms of recruitment and inclusion in the Station's S&T spotting network.

Subject has done thorough and at times imaginative spade work in this field despite the fact that the mission was not as successful as anticipated. Recent progress however would indicate that the next reporting period would be more productive.

Subject continues to respond to ad-hoc specific assignments in an exemplary manner.

Because of the nature of his [redacted] Subject is not authorized to make recruitments.

Subject has a high degree of cost consciousness. He does not exercise any supervisory responsibilities [redacted]


SECTION D CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
24 Oct. 1968	/s/ [redacted]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
28 Oct. 1968	Ops Officer	/s/ [redacted]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
See attached.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
	Chief of Station	/s/ David E. Murphy

SECRET

ADDENDUM, Form 45 (Fitness Report), for period March 67-March 68.

Section D

As the individual being rated, I would like to add some remarks to those prepared by the rating officer.

A large, empty rectangular box with a thin black border, intended for the individual being rated to provide additional remarks. The box is currently blank.

S E C R E T

3. It is difficult to place in the proper perspective the contribution of this senior [ ] to [ ] Station operations. On the one hand, Subject has established superb [ ] in the scientific and technical field which should have afforded him virtually unlimited access to persons of interest to us, both Soviet and potential access agents. In evaluating the manner in which the employee set up and managed [ ], I would tend to agree with his comments to the fitness report on the managerial demands on him, although these comments are somewhat overdrawn.

The principal difficulty has been the time it has taken to relate the [ ] to the specific operational requirements of the Station. We have not received from CASISIN as many leads and assessment reports to persons of operational interest in the SSR field as we think he could have produced. It may be that the earlier listing of the project (viewed as a regional undertaking) contributed to this.

Recently we have noted significant improvement in that we have received responses to requests we have made for assessment and development of potential access agents [ ]. We hope, therefore, that this last year of CASISIN's stay will be the most productive ever. It is unfortunate that the [ ] must end because of the [ ] decisions over which we had no control.

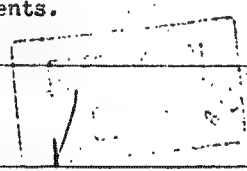
/s/ David E. Murphy

S E C R E T

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A				GENERAL	
1. NAME (Last)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
██████████		20 Jan 24	M	GS-15	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Ops Officer			DDP/EUR/██████████		██████████
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 April 1966 - 31 March 1967		
SECTION B PERFORMANCE EVALUATION					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Establishes and maintains a ██████████ for the purpose of developing natural access to Soviet S&T personnel.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Develops ██████████ pretexts to meet, assess, and recommend as agent candidates WOLADY and Third Nationals in the HBFairy S&T community.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Contacts and develops local Soviet Bloc personnel.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Develops ██████████ pretexts to attend selected scientific conferences.					S
SPECIFIC DUTY NO. 5					RATING LETTER
Responds to local Station adhoc operational requirements.					S
SPECIFIC DUTY NO. 6					RATING LETTER
██████████					S
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

31 AUG 1967



SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B or provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Subject continues to maintain a secure effective [redacted]</p> <p>In this reporting period the whole thrust and objectives of this [redacted] [redacted] have been changed from pursuit of targets designated by Headquarters at international conferences to pursuit of the local Soviet presence. This has caused a major readjustment and Subject is now beginning to produce the type of leads that help the Station achieve its local operational objectives.</p> <p>Subject continues to show a well organized methodical approach to his [redacted] operational tasks.</p> <p>Subject is cost conscience.</p> <p>HQRS.NOTE: Subject has no supervisory responsibilities.</p> <p>[redacted]</p> <p>Chief, E/F</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
	Employee is on h/l. Report will be shown to him upon his return.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
9 August 1967	Ops Officer	/s/ [redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
I rarely see the written product of this employee's efforts and know little of his work except as I am informed of it by his supervisor in the Station. I have the impression, however, that the employee is responding to his supervisor's guidance and is not by any means simply drifting along paths indicated by his [redacted] which can be a temptation when an employee has, as is true in this case, rather limited contact with his colleagues who work [redacted] on the same target. I thus concur in the evaluation on the basis of limited knowledge.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
9 August 1967	Ops Officer	/s/Robert E. Owen	

SECRET

SECRET  
(When Filled In)

P  
1/10

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A				GENERAL	
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
[REDACTED]		20 Jan. 1924	M	GS-15	D
6. OFFICIAL POSITION TITLE Ons Officer		7. OFF/DIV/BR OF ASSIGNMENT DDP/WE/		8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			3 June 1965 - 31 March 1966		
SECTION B PERFORMANCE EVALUATION					
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from probation, to reassignment or to separation. Describe action.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory or excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are obtained.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
List up to six of the most important specific manner in which employee performs EACH specific duty. Consider ONLY assignments in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					Insert rating letter which best describes the
SPECIFIC DUTY NO. 1 Establishes and maintains [REDACTED] for the purpose of developing natural access to Soviet S&T personnel					RATING LETTER O
SPECIFIC DUTY NO. 2 Develops [REDACTED] pretexts to attend selected scientific conferences where targeted Soviet S&T personnel are expected					RATING LETTER S
SPECIFIC DUTY NO. 3 Contacts, develops and assesses Soviet S&T personalities at international conferences.					RATING LETTER S
SPECIFIC DUTY NO. 4 Participates as an inside spotter, manager, and key team member in recruitment operations against Soviet S&T personnel					RATING LETTER S
SPECIFIC DUTY NO. 5 Spots, develops and assesses Soviet, third national and PRRIME agent candidates in HBFARIY					RATING LETTER S
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

POSTED ON  
1-1-66

**SECRET**  
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Subject has done an outstanding job in creating [redacted] which enables direct access to an important target group. This job was performed intelligently, securely, intelligently and imaginatively. Subject is an experienced, highly capable senior professional officer in every sense of the term. He is a thoroughly organized self-disciplined person who can operate effectively [redacted]. He has the supple mind required to learn highly technical [redacted] tasks and perform these in a skilled manner. He organizes the performance of these [redacted] duties in such a manner as to extract the most operational mileage. Subject has spotted, assessed, developed, and in special cases recruited. He is extremely articulate, and an excellent writer. Despite his [redacted] status, he submits timely finished operational and information reports. His management, administration, and record keeping of both [redacted] and operational duties is excellent.</p>			
<p>Although Subject has had long experience in supervisory capacities, his present [redacted] status does not require supervisory duties.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE		
4 May 1966	[redacted]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR		
4 May 1966	Ops Officer	/s/ [redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
[redacted]			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
4 May 1966	Ops Officer	/s/Robert E. Owen	

**SECRET**

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				006102			
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE	5. SO	
<del>XXXXXXXXXXXXXXXXXXXX</del>		20 Jan. 1924		M	15	D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer				DDP/WE/			
9. CHECK (X) TYPE OF APPOINTMENT:				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR	<input type="checkbox"/> REASSIGNMENT EMPLOYEE
CAREER-PROVISIONAL (See Instructions - Section C)				SPECIAL (Specify)			
SPECIAL (Specify)				SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From to)			
				1 April 1964 - 2 June 1965			
<b>SECTION B</b>				<b>PERFORMANCE EVALUATION</b>			
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Contact, cultivation and assessment of, and collection of biographic and operational intelligence on Soviet scientific and technical targets, and on other Soviets and other nationalities to whom he has access							RATING LETTER
							O
SPECIFIC DUTY NO. 2 Spotting and assessment of potential operational assets to be used against the targets specified under Specific Duty No. 1.							RATING LETTER
							S
SPECIFIC DUTY NO. 3 Execution of operational assignments as directed by Hqs and Field stations concerned, whether of a KUTUBE, KUWOLF or KUDESK nature.							RATING LETTER
							O
SPECIFIC DUTY NO. 4 Preparation or acquisition of written material as operational information to increase his access and flexibility in furtherance of Specific Duties Nos. 1 through 3.							RATING LETTER
							O
							RATING LETTER
							O
SPECIFIC DUTY NO. 5							RATING LETTER
							O
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
30 JUN 1965							O *

POSTED ON  
BK OF-4b  
JUL 1965



SECRET  
(When Filled In)

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action.

In addition to operational activity in his country of assignment, he has also been used in Hqs-directed activity in other countries, usually involving direct contact with target individuals, and in addition he has contributed greatly to the acquisition of operational information for the use of Hqs components in their overall approach to Soviet scientific and technical targets.

It would be difficult to fault this employee with respect to energy, professional skills, and mental capacity. He is a keen student of his operational environment and very skillful in analyzing the possibilities it offers for application toward operational objectives. He shows considerable resourcefulness in devising logical and credible

(continued)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
1 June 1965	/s/ [Redacted]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
1 June 1965	Ops Officer	/s/ [Redacted]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>Since the Reviewing Officer in the field has not indicated his views on this Fitness Report, I would like to make a comment of my own. Without wishing to detract from anything the Supervisor has said about Subject's performance, I feel obliged to note that the ratings given him in this report are higher than those given, for example, to any Branch Chief in this Division, and, as such, are inconsistent with the grading pattern of the Division as a whole.</p>		
2 June 1965 Chief, External Operations Section /s/ Robert E. Owen		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
24 June 65	DC/WE	Edward Ryan

SECRET

SECTION C continued

approaches to operational problems and personalities, and expends considerable effort in maintaining a level of specialized knowledge sufficient to [redacted] ensure the maximum exploitation of his contacts with target organizations and individuals. His command of spoken, written, and technical [redacted] is excellent.

From the point of view of supervision, this employee in his present position requires guidance only insofar as to identify specific targets and for him to protect himself in situations where he does not have, by virtue of his not having access to [redacted] specialized information. Otherwise, he requires no supervision other than the periodic provision of policy and operational directives.

This employee has always been conscious and punctillious in his preparation of operational and administrative reports, including financial accountings, and his reporting in general, despite the burdens imposed by the necessity for minimizing the risks [redacted] leaves nothing to be desired.

Other than the funds for operational activities, this employee currently has no responsibility for the programming and use of personnel, space, equipment, and funds. [redacted]

[redacted] His dedication to and enthusiasm for accepting the challenge of this assignment, and his willingness to continue on in it, deserve particular mention, particularly since he would perhaps justifiably feel that his present assignment may leave him outside the mainstream of competitive organization progression.

This employee's health and family situations leave nothing to be desired, as his proven mobility in the execution of operational assignments attests.

\*(Section B) - No special recognition of Subject's "Outstanding" overall performance is being requested at this time.

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				006102	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO
██████████ ██████████ ██████████		20 Jan 1924	M	GS-15	D
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OF ASSIGNMENT	8. CURRENT STATION	
Ops. Officer			DDP/NE/		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 May 1964			1 April 1963 - 31 March 1964		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1				RATING LETTER	
Finding, cultivating unwittingly and assessing new target personalities among Soviet scientists, engineers and other technical specialists.				S	
SPECIFIC DUTY NO. 2				RATING LETTER	
Continuing the assessment and unwitting development of established targets in the same category.				S	
SPECIFIC DUTY NO. 3				RATING LETTER	
Development of similar leads on target personalities from other denied areas; making recruitments outside base country.				S	
SPECIFIC DUTY NO. 4				RATING LETTER	
Development and assessment of technical personalities of interest in internal (domestic) programs.				S	
SPECIFIC DUTY NO. 5				RATING LETTER	
[Redacted]				O	
[Redacted]				O	
[Redacted]				O	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				S	
26 JUN 1964					

**POSTED ON**  
OF-41  
30 June 1964

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

This employee combines the relatively rare combination of a senior and broadly experienced intelligence officer under [redacted] providing both long-term status in his country of residence (and in Europe in general) and access for a variety of operational functions, including spotting, assessing, contact with Soviet bloc nationals of specific interest, investigative measures, assessment in depth of [redacted] persons, and attendance at a broad range of national and international specialized meetings. Development of the capability operationally to exploit [redacted] has been the achievement of the employee himself. In so doing he has at the same time achieved genuine acceptance by his [redacted] associates [redacted] his colleagues [redacted] and related professions.

In undertaking operational tasks this employee has consistently shown initiative imagination, security consciousness, and application of both operational and substantive background to the problem at hand. He has put a conscious effort into improving his already excellent command of the [redacted] language, and his grasp of a variety of specialized scientific and technical fields has been achieved basically as a result of his own efforts.

His management of operational reporting, finances, and the administrative problems [redacted] has been exemplary.

It should be noted that during the reporting period, this employee has not had the benefit at all times of specific pinpointed operational direction. As of the end of the reporting period, Headquarters assumed control of his activities against

SECTION D CERTIFICATION AND COMMENTS specific Soviet targets on a

1. BY EMPLOYEE Europe-wide basis.

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE 25 May 1964 SIGNATURE OF EMPLOYEE /s/ [redacted]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

Eighteen

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE

25 May 1964 Ops. Officer /s/ [redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE

25 May 1964 Cps. Officer /s/ Robert E. Owen

SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>			EMPLOYEE SERIAL NUMBER 037367 016112		
<b>GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
[REDACTED]		20 Jan 1924	M	GS-15	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT			8. CURRENT STATION
Ops Officer		DDP/SR			
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			REASSIGNMENT SUPERVISOR
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify)		<input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
31 May 1963		10 September 1962 - 31 March 1963			
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1				RATING LETTER	
[REDACTED]				O	
SPECIFIC DUTY NO. 2				RATING LETTER	
Spotting and assessing persons of operational interest to [REDACTED] Station and to other stations.				S	
SPECIFIC DUTY NO. 3				RATING LETTER	
Investigating of organizations and phenomena of operational interest to the Station.				S	
SPECIFIC DUTY NO. 4				RATING LETTER	
Collection of positive and operational information [REDACTED]				S	
SPECIFIC DUTY NO. 5				RATING LETTER	
[REDACTED]					
SPECIFIC DUTY NO. 6				RATING LETTER	
[REDACTED]					
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				RATING LETTER	
15 JUL 1963				S	

POSTED ON  
16 JUL 63

SECRET  
(When Filled In)

SECTION C



NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

See attached sheet.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
15 May 1963	 RY	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
6½ months		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
15 May 1963	Ops Officer	/s/ 
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
See attached sheet.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
20 May 1963	OPS Officer	/s/ Edward Ryan

SECRET

SECRET

NARRATIVE COMMENTS

SECTION C



During the reporting period he has developed a wide circle of contacts in the scientific and journalistic fields and applies a long background in a variety of assignments in KUDOVE to the determination and assessment of operational potential among these contacts. At the same time his [redacted]

This employee requires a minimum of detailed operational supervision; it is necessary in specific cases only to indicate the operational or informational objectives.

From the point of view of administrative support, his attention to detail and meticulousness reduce the problems of his support by the Station to a minimum.

This employee uses the [redacted] language continuously, and his facility is such as to permit him to handle himself excellently in a broad range of complex technical subjects. He has in addition undertaken specialized [redacted] language training to develop this capability further. His operational reporting is excellent both with regard to clarity and pertinence.

In the immediate future he will be assigned case work, for the most part in fields where it will complement, and be complemented by, his independent operational activities [redacted]

SECRET





100  
1961

**SECRET**  
(When Filled In)

Recorded by  
CSPD

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
<b>SECTION A</b>		GENERAL					
1. NAME (Middle)		2. DATE OF BIRTH		3. SEX		4. GRADE	
		20 January 1924		M		GS-14	
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT			
D		Branch Chief		OC/SR/6			
8. CAREER STAFF STATUS				9. TYPE OF REPORT			
NOT ELIGIBLE		MEMBER		DEFERRED		INITIAL	
PENDING		DECLINED		DENIED		X ANNUAL	
						REASSIGNMENT/SUPERVISOR	
						REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)			
		From July 1960-October 61					
<b>SECTION B</b>							
<b>EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent	
5 - Excellent		6 - Superior		7 - Outstanding			
SPECIFIC DUTY NO. 1 Supervises large functional branch of [ ] staff and [ ] contract personnel.		RATING NO. 5		SPECIFIC DUTY NO. 4 Conducts liaison with various components of the Agency and with other agencies.		RATING NO. 6	
SPECIFIC DUTY NO. 2 Plans and programs for operations support, including initiation of new support activities.		RATING NO. 5		SPECIFIC DUTY NO. 3 Prepares and presents briefings.		RATING NO. 6	
SPECIFIC DUTY NO. 3 Supervises preparation of, and sometimes personally prepares, special studies both on own initiative and on request.		RATING NO. 5		SPECIFIC DUTY NO. 5 Supervises maintenance of SR Division records on Soviet defectors, supports exploitation of defectors and participates in their		RATING NO. 5	
<b>SECTION C</b>							
<b>EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b> <i>reassignment.</i>							
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.							
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.						RATING NO. 5	
<b>SECTION D</b>							
<b>DESCRIPTION OF THE EMPLOYEE</b>							
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee							
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree	
						5 - Outstanding degree	
CHARACTERISTICS				NOT APPLICABLE		NOT OBSERVED	
						RATING	
						1 2 3 4 5	
GETS THINGS DONE							
RESOURCEFUL							
ACCEPTS RESPONSIBILITIES							
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							
DOES HIS JOB WITHOUT STRONG SUPPORT							
FACILITATES SMOOTH OPERATION OF HIS OFFICE							
WRITES EFFECTIVELY							
SECURITY CONSCIOUS							
THINKS CLEARLY							
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							
OTHER (Specify):							
SEE SECTION "E" ON REVERSE SIDE							

SECRET  
(When Filled In)

OFFICE OF PERSONNEL  
NOV 15 1961  
MAIL ROOM

<b>SECTION E</b>	<b>NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b>
Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.	
<p>Mr. [redacted] has a good knowledge of Soviet matters and generally is very well informed. He continually demonstrates much initiative and a high degree of productivity. He is stimulating to his associates, businesslike and delegates work easily. He appears very self-confident and he is dynamic.</p> <p>Mr. [redacted] supervises a very large and key branch engaged in a wide variety of activities, a difficult job which he does well.</p>	

<b>SECTION F</b>			<b>CERTIFICATION AND COMMENTS</b>		
1. BY EMPLOYEE					
I certify that I have seen Sections A, B, C, D and E of this Report.					
DATE	SIGNATURE OF EMPLOYEE		[redacted] b1		
9 November 1961	[redacted]		[redacted]		
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
Twelve					
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.					
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS			REPORT MADE WITHIN LAST 90 DAYS		
OTHER (Specify):					
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
9 November 1961	SR/Chief of Plans and Operations	[redacted]			
3. BY REVIEWING OFFICIAL					
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.					
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.					
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.					
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.					
COMMENTS OF REVIEWING OFFICIAL					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
21 NOV 1961	Chief, SR Division	JOHN M. MAURY			

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	
			20 Jan 1924	M	GS-14	
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		
DI				FE/ VSR		
8. CAREER STAFF STATUS			9. TYPE OF REPORT			
NOT ELIGIBLE	MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR		
PENDING	DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)		
		From 1 Apr 59 - 24 June 60				
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1		RATING NO.	SPECIFIC DUTY NO. 4		RATING NO.	
Chief, Soviet Branch, responsible for activities of staff and contract employees		6	Case officer		5/6	
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 5		RATING NO.	
Responsible for station SR planning, budgeting, and operating activities		6				
SPECIFIC DUTY NO. 3		RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.	
Representing the station at varied levels in all SR matters		6				
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <div style="border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;">5</div>	
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree		
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING	
					1 2 3 4 5	
GETS THINGS DONE					X	
RESOURCEFUL					X	
ACCEPTS RESPONSIBILITIES					X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X	
DOES HIS JOB WITHOUT STRONG SUPPORT					X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X	
WRITES EFFECTIVELY					X	
SECURITY CONSCIOUS					X	
THINKS CLEARLY					X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X	
OTHER (Specify):						
SEE SECTION "E" ON REVERSE SIDE						

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE		
<p>Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for promotion and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.</p> <p>In most respects, this officer is one of the best I have known in this agency. He has a broad and deep knowledge of his target area, as well as of his "host" country; an excellent and proven degree of operational "know-how"; the ability to write and speak lucidly and effectively and with apparent ease; and a very high degree of motivation and devotion to duty. He can be expected to continue his dynamic and imaginative pursuit of a most difficult target. It is my opinion that this officer has great potential and is ready for increased responsibilities which would involve the promotion for which he has been recommended. As for training, a good managerial course might help to bring into even sharper focus his many talents.</p>		
<p>This report has been prepared in accordance with FE Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.</p>		
SECTION F CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
23 June 1960	/s/ on transmittal	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
23 June 1960		signed on Adam Brindle(F) transmittal
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
	COS, Tokyo	John Baker/s/ on transmittal

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER							
<b>SECTION A GENERAL</b>													
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE								
			20 January 1921	M	GS-11								
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT									
				SR, [ ]									
8. CAREER STAFF STATUS				9. TYPE OF REPORT									
NOT ELIGIBLE <input type="checkbox"/>		MEMBER <input checked="" type="checkbox"/>		INITIAL <input type="checkbox"/>		REASSIGNMENT/SUPERVISOR							
PENDING <input type="checkbox"/>		DECLINED <input type="checkbox"/>		X ANNUAL		REASSIGNMENT/EMPLOYEE							
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)									
31 May 1959		From 10 Apr 58 - 31 Mar 59											
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>													
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).													
<table style="width:100%; border: none;"> <tr> <td style="width:12.5%;">1 - Unsatisfactory</td> <td style="width:12.5%;">2 - Barely adequate</td> <td style="width:12.5%;">3 - Acceptable</td> <td style="width:12.5%;">4 - Competent</td> <td style="width:12.5%;">5 - Excellent</td> <td style="width:12.5%;">6 - Superior</td> <td style="width:12.5%;">7 - Outstanding</td> </tr> </table>							1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding							
SPECIFIC DUTY NO. 1		RATING NO.	SPECIFIC DUTY NO. 4		RATING NO.								
Supervises and directs operational branch of some [ ] persons		5	Case officer		6								
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 3		RATING NO.								
Conducts operational liaison with local intelligence and security services.		6											
SPECIFIC DUTY NO. 3		RATING NO.	SPECIFIC DUTY NO. 6		RATING NO.								
Conducts liaison with U.S. military and civilian intelligence services		6											
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>													
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.													
<ol style="list-style-type: none"> <li>1 - Performance in many important respects fails to meet requirements.</li> <li>2 - Performance meets most requirements but is deficient in one or more important respects.</li> <li>3 - Performance clearly meets basic requirements.</li> <li>4 - Performance clearly exceeds basic requirements.</li> <li>5 - Performance in every important respect is superior.</li> <li>6 - Performance in every respect is outstanding.</li> </ol>						RATING NO. 5							
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>													
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee													
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree					
CHARACTERISTICS						RATING							
						NOT APPLICABLE	NOT OBSERVED	1	2	3	4	5	
GETS THINGS DONE													
RESOURCEFUL													
ACCEPTS RESPONSIBILITIES													
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES													
DOES HIS JOB WITHOUT STRONG SUPPORT													
FACILITATES SMOOTH OPERATION OF HIS OFFICE													
WRITES EFFECTIVELY													
SECURITY CONSCIOUS													
THINKS CLEARLY													
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS													
OTHER (Specify):													
SEE SECTION "E" ON REVERSE SIDE													

SECRET  
(When Filled In)

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**  
State strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

422 JUN 22 11 39 AM '59

Subject continues as one of the most capable, professional, and hard working of the branch chiefs in the Station. Working against a tough denied area problem, he demonstrates imagination, drive, excellent area background and knowledge, and a high degree of productivity. He definitely has the potential for an even more responsible position.

**SECTION F CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE  
I certify that I have seen Sections A, B, C, D and E of this Report.

DATE: 27 April 1959  
SIGNATURE OF EMPLOYEE: signed on transmittal

2. BY SUPERVISOR  
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 22  
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON:  
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS: [ ]  
REPORT MADE WITHIN LAST 90 DAYS: [ ]

OTHER (Specify):

DATE: 27 April 1959  
OFFICIAL TITLE OF SUPERVISOR: DC [ ]  
TYPED OR PRINTED NAME AND SIGNATURE: William Nelson signed on transmittal

3. BY REVIEWING OFFICIAL  
 I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.  
 I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.  
 I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.  
 I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL:

DATE: 27 April 1959  
OFFICIAL TITLE OF REVIEWING OFFICIAL: [ ]  
TYPED OR PRINTED NAME AND SIGNATURE: John E. Baker signed on transmittal

SECRET

SECRET  
(When Filled In)

SK 8

### FITNESS REPORT (Part I) PERFORMANCE

#### INSTRUCTIONS

**FOR THE ADMINISTRATIVE OFFICER:** Consult current instructions for completing this report.

**FOR THE SUPERVISOR:** This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item B. of Section "A" below.

#### GENERAL

<b>SECTION A.</b>			<b>2. DATE OF BIRTH</b>	<b>3. SEX</b>	<b>4. SERVICE DESIGNATION</b>
<b>1. NAME</b> (Last) (First) (Middle)			20 Jan 1924	M	DI
<b>5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT</b>			<b>6. OFFICIAL POSITION TITLE</b>		
FE, TOKYO			Area Ops Officer		
<b>7. GRADE</b>	<b>8. DATE REPORT DUE IN OF</b>	<b>9. PERIOD COVERED BY THIS REPORT (Inclusive dates)</b>			
GS-14		1 October 1957 - 9 April 1958			
<b>10. TYPE OF REPORT (Check one)</b>	<b>INITIAL</b>	<b>REASSIGNMENT-SUPERVISOR</b>	<b>SPECIAL (Specify)</b>		
ANNUAL			Promotion		

#### CERTIFICATION

**1. FOR THE RATER:** THIS REPORT  HAS  HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

**A. CHECK (X) APPROPRIATE STATEMENTS:**

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "E" IN C1 OR D, A WARNING LETTER HAS BEEN SENT TO HIM A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	
<input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	IF I CANNOT CERTIFY THAT THE RATED INDIVIDUAL SHOULD BE EVALUATED HIS JOB PERFORMANCE BECAUSE (Specify):

**B. THIS DATE** **C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR** **D. SUPERVISOR'S OFFICIAL TITLE**

27 May 1958 William E. Nelson

**2. FOR THE REVIEWING OFFICIAL:** RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY DATE  
 Posted Pos. Control [Signature] 11/10/58  
 Renewed by RUD [Signature] 7/24/58

THIS REPORT HAS BEEN FORWARDED UNDER CRITERIA...  
 THIS REPORT HAS BEEN FORWARDED UNDER CRITERIA...  
 THIS REPORT HAS BEEN FORWARDED UNDER CRITERIA...

CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

<b>A. THIS DATE</b>	<b>B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL</b>	<b>C. OFFICIAL TITLE OF REVIEWING OFFICIAL</b>
27 May 1958	John E. Baker	

#### SECTION C. JOB PERFORMANCE EVALUATION

**1. RATING ON GENERAL PERFORMANCE OF DUTIES:**  
**DIRECTIONS:** Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- |                             |   |
|-----------------------------|---|
| 5/6<br>INSERT RATING NUMBER | 1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.   |
|                             | 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
|                             | 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.  |
|                             | 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.  |
|                             | 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.   |
|                             | 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.              |

**COMMENTS:**

**SECRET**  
(When Filled In)

**2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES**

**DIRECTIONS:**

a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.

b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.

c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).

d. Compare in your mind, when possible, the individual being rated with the same duty at a similar level of responsibility.

e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.

f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	NAS AND USES AREA KNOWLEDGE	MAIL ROOM INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
Typing	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
	3 - PERFORMS THIS DUTY ACCEPTABLY	
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	

SPECIFIC DUTY NO. 1 As branch chief directs and plans operations of denied area branch.	RATING NUMBER 5/5	SPECIFIC DUTY NO. 4 Conducts liaison with other U.S. agencies	RATING NUMBER 6
SPECIFIC DUTY NO. 2 Conducts operational liaison with local security services.	RATING NUMBER 6	SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 3 Develops and handles agents	RATING NUMBER 6	SPECIFIC DUTY NO. 6	RATING NUMBER

**3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

**DIRECTIONS:** Stress strengths and weaknesses, particularly those which affect development on present job.

Subject is an exceedingly well-equipped operations officer. He is mature, intelligent, has a thorough background in operations in his area and the ability to grow in his job. His operational planning and execution is usually impeccable. He has the loyalty of his subordinates and the respect of his equals and supervisors. He is particularly effective in dealing in the liaison field where his good sense and disinterest in "fighting the problem" produces a maximum of cooperation and good will. If he has any minor fault as a supervisor, it is not in impatience with his subordinates, as reflected in previous evaluations, but in an occasional unwillingness to say no to them.

**SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION**

**DIRECTIONS:** Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

RATING NUMBER <b>6</b>	1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
	2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
	3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
	4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
	5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
	6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
	7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  YES  NO. IF YES, EXPLAIN FULLY:



**SECRET**

(When Filled In)

**FITNESS REPORT (Part II) POTENTIAL**

**INSTRUCTIONS**

**FOR THE ADMINISTRATIVE OFFICER:** Consult current instructions for completing this report.

**FOR THE SUPERVISOR:** This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any notation. This report is to be completed only after the employee has been under your supervision **FOR AT LEAST 90 DAYS**. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL RATING on the employee, however, it MUST be completed and forwarded to the US no later than 30 days after the due date indicated in item 3 of Section "E" below.

SECTION E. GENERAL					
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION		
	20 Jan 1924	M	DT		
5. OFFICE/DIVISION BRANCH OF ASSIGNMENT			6. OFFICIAL POSITION TITLE		
FB,			Area Ops Officer		
7. GRADE	8. DATE REPORT DUE IN OP.	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)			
GS-11		1 October 1957 - 9 April 1958			
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)		
	ANNUAL	REASSIGNMENT-EMPLOYEE	Promotion	X	

SECTION F. CERTIFICATION		
1. FOR THE DATED: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED		
4. THIS DATE	5. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	6. SUPERVISOR'S OFFICIAL TITLE
27 May 1958	William E. Nelson	
7. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
8. THIS DATE	9. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	10. OFFICIAL TITLE OF REVIEWING OFFICIAL
27 May 1958	John E. Baker	

SECTION G. ESTIMATE OF POTENTIAL	
1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES	
<p><b>DIRECTIONS:</b> Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.</p>	
5 RATING NUMBER	1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
	5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
	7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

SECTION H. SUPERVISORY POTENTIAL	
<p><b>DIRECTIONS:</b> Answer this question: Has this person the ability to be a supervisor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.</p>	

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION		
3		A GROUP DOING THE BASIC JOB (such drivers, stenographers, technicians or professional specialists of various kinds) whose contact with immediate subordinates is frequent (First line supervisor)		
3		A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)		
	3	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)		
	2	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT		
3		WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION		
3		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX		
		Other (Specify)		

**SECRET**

*(When Filled In)*

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION  
 10 months

4. COMMENTS CONCERNING POTENTIAL:  
 His potential for advancement is excellent. He has the right blend of operational know-how and supervisory talent to undertake positions of wider scope than he now holds. Although his advancement has been rapid for his age, maturity, poise, and common sense almost completely eliminate age as a factor in his potential for a more senior job.

**SECTION II. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL  
 Subject deserves at sometime within the next year or two the opportunity to broaden his experience either by command of a small station or advancement to a more responsible job in a large one.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS  
 None

**SECTION I. DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER      1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	5	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
5	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
4	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITY	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	4	24. BODAS WELL UNDER PRESSURE
4	5. STUDIES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	5	25. DISPLAYS JUDGEMENT
4	6. GOES WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	5	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
5	8. HAS MEMORY FOR FACTS	5	18. IS OBEDIENT	5	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	5	19. THINKS CLEARLY	5	29. FACILITATED SMOOTH OPERATION OF HIS OFFICE
4	10. CAN COPE WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	5	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

SECRET

(When Filled In)

U.S. PERS.

### FITNESS REPORT (Part I) PERFORMANCE

#### INSTRUCTIONS

**FOR THE ADMINISTRATIVE OFFICER:** Consult current instructions for completing this report.

**FOR THE SUPERVISOR:** This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

#### SECTION A.

##### GENERAL

1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	M	DI
7. GRADE	8. DATE REPORT DUE IN CP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)		
GS-14		1 October 1956 to 30 September 1957		
10. TYPE OF REPORT (Check one)		SPECIAL (Specify)		
<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> REASSIGNMENT-SUPERVISOR			
<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT-EMPLOYEE			

#### SECTION B.

##### CERTIFICATION

1. FOR THE RATER: THIS REPORT  HAS  HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

Completed at Headquarters; subject not available (Copy sent to field).

##### A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER WAS SENT TO HIM OR COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

##### B. THIS DATE

16 Oct 1957

C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR

*Edward Marchini* Chief SOV Branch

D. SUPERVISOR'S OFFICIAL TITLE

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

DATE NOV 7 1957

Posted For Copy

Reviewed by *[Signature]* 11/1/57

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.  CONTINUED ON ATTACHED SHEET

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
23 Oct 57	<i>Lloyd George</i>	

#### SECTION C.

##### JOB PERFORMANCE EVALUATION

##### 1. RATING ON GENERAL PERFORMANCE OF DUTIES

**DIRECTIONS:** Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- 6
- DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
  - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
  - PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
  - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
  - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
  - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

**SECRET**

(When Filled In)

7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES																											
<p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 33%;">ORAL BRIEFING</td> <td style="width: 33%;">HAS AND USES AREA KNOWLEDGE</td> <td style="width: 33%;">CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS																									
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SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																									
<p align="right" style="margin-right: 50px;">OFFICE OF PERSONNEL Oct 30 1 50 PM '57</p>																											
DESCRIPTIVE RATING NUMBER	<p>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p>	<p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p>																									
SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER																								
Deputy to Branch Chief	5	Supervising	4																								
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER																								
Conducts Foreign Liaison	6	Prepares correspondence and reports and handles administrative routine	5																								
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER																								
Prepares and Manages Projects	4	Developes and handles Agents	5																								
<p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p>Subject has excellent natural equipment for employment in this organization in terms of his intelligence and natural aptitudes. Additionally, he brings a great deal of area knowledge and language ability to his present assignment. During the period covered by this report he has displayed great industry and devotion to duty in a variety of circumstances and achieved notable results in production and in the creation of both short and long-term assets for his unit. On the debit side I would say that he is somewhat too businesslike in many personal situations to the point of being almost humourless. This, however, is a quality which he does not permit to intrude upon the necessities of his operational work although it often shows in office relationships.</p>																											
<p align="center"><b>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <table style="width:100%; border: none;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;">1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</td> </tr> <tr> <td></td> <td>2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</td> </tr> <tr> <td></td> <td>3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</td> </tr> <tr> <td></td> <td>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</td> </tr> <tr> <td></td> <td>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</td> </tr> <tr> <td></td> <td>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</td> </tr> <tr> <td></td> <td>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</td> </tr> </table>					1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED		2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW		3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION		4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION		5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS		6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION		7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION										
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	7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION																										
RATING NUMBER	<p>7</p>																										
<p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p>																											

SECRET

(When Filled In)

# FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CF no later than 30 days after the due date indicated in item 8 of Section "E" below.

### GENERAL

1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
		20 Jan. 1924	M	DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT			6. OFFICIAL POSITION TITLE	
SEC. COOD			Area Operations Officer	
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)		
GS-14		1 October 1956 to 30 September 1957		
10. TYPE OF REPORT (Check one)		INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		ANNUAL	REASSIGNMENT-EMPLOYEE	

### SECTION F.

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
23 Oct 57	Lloyd GEORGE	

2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINIONS IN ATTACHED MEMO.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
16 Oct 1957	Edward M. ...	Chief SOV Branch

### ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

- 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
- 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
- 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
- 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
- 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
- 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
- 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

RATING NUMBER  
**7**

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor?  Yes  No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	1 - BELIEVE INDIVIDUAL WOULD BE A BEAR SUPERVISOR IN THIS KIND OF SITUATION	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION
2				A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)
3				A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisor)
3			3	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR POLICY AND ORGANIZATION (Executive level)
3				WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
3				WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
3				WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
				OTHER (Specify)

**SECRET**  
(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RAILED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION **15** OCT 20 11 50 AM '57

4. COMMENTS CONCERNING POTENTIAL  
 Subject is well suited for this business and the business should progress steadily to positions of great responsibility.  
MAIL ROOM

**SECTION II. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Normal refresher a/o preparatory training as required.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

No limiting factors or personal circumstances known to the rater

**SECTION I. DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X = HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL  
 1 = APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
 2 = APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
 3 = APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
 4 = APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
 5 = APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITIES	3	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
3	7. CAN GET ALONG WITH PEOPLE	5	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
5	8. HAS MEMORY FOR FACTS	5	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	5	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
X	10. CAN COPE WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	5	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

**SECRET**

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8. of Section 'A' below.

SECTION A.

GENERAL

Form with fields for Name (Last, First, Middle), Date of Birth, Sex, Service Designation, Office/Division/Branch of Assignment, Official Position Title, Grade, Date Report Due in DP, Period Covered by this Report, Type of Report (Annual, Reassignment-Supervisor, Reassignment-Employee, Special), and Initial.

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT [X] HAS [ ] HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

A. CHECK (X) APPROPRIATE STATEMENTS:

Checkboxes for statements: 'This report reflects my own opinions of this individual.', 'This report reflects the combined opinions of myself and previous supervisors.', 'I have discussed with this employee his strengths and weaknesses so that he knows where he stands.'

Fields for Date (15 November 1956), Typed or Printed Name and Signature of Supervisor (E. Edward M. Arlin), and Supervisor's Official Title (Chief, Soviet Branch).

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

Handwritten signature and stamp: 'DNE 15 1956' and '1-2257'.

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

Fields for Date (21 November 1956), Typed or Printed Name and Signature of Reviewing Official (W. Lloyd George), and Official Title of Reviewing Official (Chief of Operations).

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

Rating scale from 1 to 6 with descriptions: 1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT. 2 - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEARINESS. 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. 5 - A FINE PERFORMANCE, CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

**SECRET**

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES						
<p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during rating period. Place the most important first; do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with orders for those performing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;">                 ORAL BRIEFING                  GIVING LECTURES                  CONDUCTING SEMINARS                  WRITING TECHNICAL REPORTS                  CONDUCTING EXTERNAL LIAISON                  TYPING                  TAKING DICTATION                  SUPERVISING             </td> <td style="width: 33%; vertical-align: top;">                 HAS AND USES AREA KNOWLEDGE                  DEVELOPS NEW PROGRAMS                  ANALYZES INDUSTRIAL REPORTS                  MANAGES FILES                  OPERATES RADIO                  COORDINATES WITH OTHER OFFICES                  WRITES REGULATIONS                  PREPARES CORRESPONDENCE             </td> <td style="width: 33%; vertical-align: top;">                 MAIL ROOM                  CONDUCTS INTERROGATIONS                  PREPARES SUMMARIES                  TRANSLATES GERMAN                  DEBRIEFING SOURCES                  KEEPS BOOKS                  DRIVES TRUCK                  MAINTAINS AIR CONDITIONING                  EVALUATES SIGNIFICANCE OF DATA             </td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING GIVING LECTURES CONDUCTING SEMINARS WRITING TECHNICAL REPORTS CONDUCTING EXTERNAL LIAISON TYPING TAKING DICTATION SUPERVISING	HAS AND USES AREA KNOWLEDGE DEVELOPS NEW PROGRAMS ANALYZES INDUSTRIAL REPORTS MANAGES FILES OPERATES RADIO COORDINATES WITH OTHER OFFICES WRITES REGULATIONS PREPARES CORRESPONDENCE	MAIL ROOM CONDUCTS INTERROGATIONS PREPARES SUMMARIES TRANSLATES GERMAN DEBRIEFING SOURCES KEEPS BOOKS DRIVES TRUCK MAINTAINS AIR CONDITIONING EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING GIVING LECTURES CONDUCTING SEMINARS WRITING TECHNICAL REPORTS CONDUCTING EXTERNAL LIAISON TYPING TAKING DICTATION SUPERVISING	HAS AND USES AREA KNOWLEDGE DEVELOPS NEW PROGRAMS ANALYZES INDUSTRIAL REPORTS MANAGES FILES OPERATES RADIO COORDINATES WITH OTHER OFFICES WRITES REGULATIONS PREPARES CORRESPONDENCE	MAIL ROOM CONDUCTS INTERROGATIONS PREPARES SUMMARIES TRANSLATES GERMAN DEBRIEFING SOURCES KEEPS BOOKS DRIVES TRUCK MAINTAINS AIR CONDITIONING EVALUATES SIGNIFICANCE OF DATA				
<p align="right">OFFICE OF PERSONNEL JAN 3 11 18 AM '57</p>						
DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY 3 - PERFORMS THIS DUTY ACCEPTABLY 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY				
SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER			
Deputy to Branch Chief	5	Supervising	5			
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER			
Conducts Foreign Liaison	6	Prepares correspondence and reports	6			
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER			
Prepares and manages projects	4	Handles admin routine	4			
<p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p>Subject has really superb natural equipment for work in this Organization in terms of mental capacity, psychological bent and affinity for the things and people he comes against. He tops this off with industry and language ability among other natural aptitudes. On the debit side and measured against the best, he is a bit shy of humor and personal understanding in some situations, qualities which mitigate more against acceptability than job competence.</p>						
<p align="center"><b>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <table style="width:100%; border: none;"> <tr> <td style="width: 10%; text-align: center; vertical-align: middle;">7</td> <td style="width: 90%;">                 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED                  2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW                  3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION                  4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION                  5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS                  6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION                  7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION             </td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p> <p align="center">Subject is an all around performer capable of a primary, in place of his present secondary, responsibility.</p>				7	1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION	
7	1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION					



**SECRET**  
(When Filled In)

**FITNESS REPORT (Part II) POTENTIAL**

**INSTRUCTIONS**

**FOR THE ADMINISTRATIVE OFFICER:** Consult current instructions for completing this report.

**FOR THE SUPERVISOR:** This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CO no later than 30 days after the due date indicated in item 8 of Section "E" below.

**SECTION E.**

**GENERAL**

1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
		20 Jan. 1924	M	DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE		
(REDWOOD)		Area Operations Officer		
7. GRADE	8. DATE REPORT DUE IN CP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)		
33-14		1 October 1955 to 30 September 1956		
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)	
<input checked="" type="checkbox"/>	ANNUAL	REASSIGNMENT-EMPLOYEE		

**SECTION F.**

**CERTIFICATION**

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED

4. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
15 November 1956	Edward M. Melus	Chief, Soviet Branch

2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
21 November 1956	W. Lloyd George	Chief of Operations

**SECTION G.**

**ESTIMATE OF POTENTIAL**

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES  
**DIRECTIONS:** Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

RATING NUMBER	1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
	5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
	7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

7

2. SUPERVISORY POTENTIAL  
**DIRECTIONS:** Answer this question: Has this person the ability to be a supervisor?  Yes  No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION		
2		A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)		
3		A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)		
	3	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)		
3		WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT		
3		WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE, AND NEED CAREFUL COORDINATION		
3		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX		
		OTHER (Specify)		

**SECRET**  
(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION  
Six

OFFICE OF PERSONNEL

4. COMMENTS CONCERNING SUBJECT

Subject has a high all around potential. With rare exceptions below, he tends to support subordinates from his own energy rather than to bring them along the hard way, and a normal tendency to avoid the categorical "no" - both tendencies easily correctable.

MAIL ROOM

**SECTION II. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Routine refresher training as appropriate.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

All normal. No limiting factors.

**SECTION I. DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITIES	3	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
3	7. CAN GET ALONG WITH PEOPLE	5	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
5	8. HAS MEMORY FOR FACTS	5	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	5	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
X	10. CAN COPE WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	5	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

**SECRET**

SECRET  
(When Filled In)

FIELD FITNESS REPORT

The Fitness Report is an important factor in organization personnel management. It seeks to provide:  
1. The organization selection board with information of value when considering the application of an individual for membership in the career staff; and  
2. A periodic record of job performance as an aid to the effective utilization of personnel.

INSTRUCTIONS

TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current field administrative instructions regarding the initiation and transmittal of this report to headquarters.

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisors. The report is accurate and complete. Primarily, the report is made with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that you know where he stands.

FIELD REPORT

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE INDIVIDUAL BEING RATED

Posted Pos. Control PAS 29 NOV 1955

Reviewed By RRR 12/7/55

SECTION I

1. DATE OF BIRTH	2. SEX	3. SERVICE DESIGNATION
20 Jan 1924	M	(1) FI, (2) FP
4. GRADE	5. STATION DESIGNATION (Current)	
GS-11	USSR Base, <u>SR 839</u>	
6. DUE DATE OF THIS REPORT	7. PERIOD COVERED BY THIS REPORT (Inclusive Dates)	
30 September 1955	17 February - 30 September 1955	

SECTION II (To be completed by field supervisor)

1. CURRENT POSITION	2. DATE ASSUMED RESPONSIBILITY FOR POSITION
Chief, USSR Base, <u>0136.01</u>	17 February 1955

3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)

1. As Chief of Operating Base:
  1. Manage and direct all operations against target area, and monitor products.
  2. Supervise system of development and exploitation of operational leads.
  3. Supervise proper administration and support of operations, including finances.
  4. Conduct or supervise effective liaison with other KUBARK elements, with other Government agencies abroad and, when appropriate, with representatives of other governments.
2. As Senior SR Division Officer in Area:
  1. Consult with or advise other KUBARK and non-KUBARK units on target area, government, and IS characteristics.
  2. Make available to other KUBARK and non-KUBARK units area specialists, as required.

SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF REPORT AND SIGNATURES	
1. NAME OF FIELD SUPERVISOR	2. NAME OF REVIEWING OFFICIAL IN FIELD (True)
<u>W. Lloyd George</u>	<u>W. Lloyd George</u>
3. THIS REPORT <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED.	
4. DATE REPORT AUTHENTICATED AT HQS.	5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES
<u>7 Nov 1955</u>	

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

**SECRET**  
(When Filled In)

**SECTION IV - CATEGORIES OF PERSONNEL**

This section is provided as an aid in describing the individual. Your description is not favorable or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply to most people. On the right hand side of the page are four major categories of descriptions. The "Not Observed" category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. Look at the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means you have the definite opinion that the description is not at all suited to the individual.

STATEMENTS	CATEGORIES	NOT	DOES	APPLIES TO A	APPLIES TO A	APPLIES TO AN	APPLIES TO AN	
		OB- SERVED	NOT APPLY	LIMITED DEGREE	REASONABLE DEGREE	ABOVE AVERAGE DEGREE	OUTSTANDING DEGREE	
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.	SAMPLES			X				
B. PRACTICAL.						X		
1. A GOOD REPORTER OF EVENTS.							X	
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.							X	
3. CAUTIOUS IN ACTION.						X		
4. HAS INITIATIVE.							X	
5. UNEMOTIONAL.							X	
6. ANALYTIC IN HIS THINKING.								X
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.								X
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.							X	
9. HAS SENSE OF HUMOR.							X	
10. KNOWS WHEN TO SEEK ASSISTANCE.								X
11. CALM.								X
12. CAN GET ALONG WITH PEOPLE.							X	
13. MEMORY FOR FACTS.							X	
14. GETS THINGS DONE.								X
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.								X
16. CAN COPE WITH EMERGENCIES.							X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.								X
18. HAS STAMINA; CAN KEEP GOING A LONG TIME.							X	
19. HAS WIDE RANGE OF INFORMATION.								X
20. SHOWS ORIGINALITY.							X	
21. ACCEPTS RESPONSIBILITIES.								X
22. ADMITS HIS ERRORS.							X	
23. RESPONDS WELL TO SUPERVISION.								X
24. EVEN DISPOSITION.						X		
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.							X	



SECRET  
(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS:  
OFFICE OF PERSONNEL

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION?  NO  YES. IF YES, How? 11 07 AM '55

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL  
MAIL ROOM

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

SECTION VI.

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, & D

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
- 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.
- 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
- 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.
- 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA?  NO  YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the organization.

- 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.
- 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION... IRKED BY RESTRICTIONS... REGARDS AGENCY AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION... DETERMINED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.
- 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION... THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.
- 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.
- 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE ORGANIZATION.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

- 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating... skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
- 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
- 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
- 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.
- 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.
- 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.

SECRET



SECRET  
SECURITY INFORMATION

12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING? This officer has been outstanding as a staff officer. He is unusually talented in his balancing of jurisdictional equities. This ability reflects a broad competence, however, and should not be construed so as to limit his future duties.
13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT? This officer's devotion to his duties and professional convictions sometimes inclines him toward inflexible declarations of position. This fault, a minor one in officers of considerable potential, will be corrected by increased responsibility and experience.
14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE. This officer is prepared for promotion and for increased responsibilities in command or staff duties.
15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.) <input type="checkbox"/> is presently well placed. See below.
16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON? Tradecraft training and a field assignment. Both are planned in the next six months. <i>FI/Training</i>
17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.
18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.  29 July 54 DATE  <i>Paul S. [Signature]</i> SIGNATURE OF SUPERVISOR
19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown in item 20.)  21 July '54 DATE  <input type="checkbox"/> SIGNATURE OF REVIEWING OFFICIAL
20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)





**SECRET**  
SECURITY INFORMATION

CC6

<b>PERSONNEL EVALUATION REPORT</b>				
<i>Items 1 through 6 will be completed by Administrative or Personnel Officer</i>				
1. NAME (Last) (First) (Middle) <b>D O.</b>	2. GRADE <b>GS-13</b>	3. POSITION TITLE <b>Dep. Intell. Off. (Chief) CD F1</b>		
4. OFFICE <b>DDP</b>	STAFF OR DIVISION <b>SR</b>	BRANCH <b>SR 5 FE Br.</b>	<input checked="" type="checkbox"/> DEPT'L. <input type="checkbox"/> FIELD	IF FIELD, SPECIFY STATION
5. PERIOD COVERED BY REPORT. From <b>2-18-53</b> To <b>7-18-53</b>		6. TYPE OF REPORT <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special <input type="checkbox"/> Reassignment <input type="checkbox"/> Reassignment of Supervisor		
<i>Items 7 through 10 will be completed by the person evaluated</i>				
7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES. a. Supervise and manage a foreign geographic branch; this includes a total of <input type="checkbox"/> authorized personnel at Hq and in the field stations. b. Direct and coordinate all project development. c. Detect and explore potential operational leads. d. Coordinate intra-division activities with appropriate branches, inter-division activities with appropriate divisions, senior staffs, and elements outside DD/P and CIA. e. Determine the suitability of new personnel, continued employment and rotation of incumbent personnel, and make available incumbent personnel on loan basis to other divisions, etc. f. Apportion the operational and administrative workloads within the branch sections and desks, and their personnel. g. Adapt changing field situations and problems to the organization and operation of the branch, making the branch best serve the needs of the field stations. h. Review continuously all requirements imposed on the branch, and transmit them clearly to the field.				
8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.				
Name of Course	Location	Length of Course	Date Completed	
None (I was overseas part of the time covered by this report).				
9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED? I am principally interested in the building and successful operation of American intelligence abroad, both in theory and in practice. IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (APTITUDE, KNOWLEDGE, SKILLS). The only remark/can make here is the one I stated in the previous report: the administrative responsibilities of a branch chief do not enable him to be a purely operational individual. If it were possible to carry less of an administrative load, I would enjoy devoting all of my time to the refinement of the intelligence process and its techniques in my area of concern.				
10. <b>22 October 1953</b>				SIGNATURE
<small>DATE</small>				
<i>Items 11 through 18 will be completed by Supervisor</i>				
11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE. During this period <input type="checkbox"/> was promoted from Deputy Branch Chief to Branch Chief, in recognition of his extremely good performance. Not enough time has elapsed to be able to evaluate him fully on all aspects of his new position. However, his handling of the Branch has been unusually good from a management point of view and there is every reason to believe that in the planning and direction of operational activities the same high standard will prevail.				
<b>JPH</b>				

SECRET  
SECURITY INFORMATION

12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?	He is a good organizer and a good leader. He is methodical and thorough in his planning and supervision of substantive activities, while at the same time he maintains close and sympathetic relations with his subordinates. His knowledge of them and of their personalities and problems is outstanding.
13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?	He should continue to develop his knowledge of operations and operational procedures.
14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.	He is well equipped to advance through increasing levels of responsibility.
15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)	Well placed at present.
16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?	Assignment to a field position in the not-too-distant future.
17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.	
18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.	
26 October 1953 DATE	 SIGNATURE OF SUPERVISOR
I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown in item 20.)	
26 October 1953 DATE	 SIGNATURE OF REVIEWING OFFICIAL
21. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)	

SECRET

**SECRET**  
SECURITY INFORMATION

**PERSONNEL EVALUATION REPORT**

*Items 1 through 6 will be completed by Administrative or Personnel Officer*

1. NAME (LAST) (First) (Middle)		2. GRADE	3. POSITION TITLE	
G.		GS-12	I.O. (Dep. Chief)	
4. OFFICE	STAFF OR DIVISION	BRANCH	<input checked="" type="checkbox"/> DEPT'L.	IF FIELD, SPECIFY STATION
DDP	SH	SR-5 Far East	<input type="checkbox"/> FIELD	
5. PERIOD COVERED BY REPORT From 2-18-52 To 2-18-53		6. TYPE OF REPORT		
		<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Special
		<input type="checkbox"/> Reassignment	<input type="checkbox"/> Reassignment of Supervisor	

*Items 7 through 10 will be completed by the person evaluated*

7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES. Assist the Branch Chief in management of the Branch and its overseas stations (3); at present, I act as Branch Chief about 25%-30% of the year. Supervise the planning and preparation for approval of all basic plans, programs, and projects. This involves thorough discussion with each of [ ] desk chiefs of the purposes and procedures for accomplishing any single mission under any given project, including target analysis (whether FI or PP), preparation of intelligence annexes, logistic and fiscal requirements, specific personnel needs, etc. Am responsible for working directly with the Division's Intelligence Branch for control of requirements, ops intelligence, and reports. Am responsible for maintaining liaison with appropriate staffs and other Divisions who must coordinate any action or document. Assist or direct, as required, specific mission planning at overseas stations on TDY. Supervise preparation of all periodic reports; interview candidate empl.

8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.

Name of Course	Location	Length of Course	Date Completed
International Politics, 102	Graduate School Georgetown University, Washington.	4 months: 3 hours' credit	5 June 1952

9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?  
I am primarily interested in the conception, planning, and operational management of FI and PP activities, and ops policy and control.  
*IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (APTITUDE, KNOWLEDGE, SKILLS).*  
This differs from my present assignment essentially in that a Branch Chief or his Deputy becomes so involved in administrative detail that he cannot always give his undivided attention to project management and agent handling problems. Otherwise, I feel that my background and experience qualify me for the functions I aspire to perform.

10.

7 February 1953

DATE SIGNATURE

*Items 11 through 18 will be completed by Supervisor*

11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE. As Deputy Branch Chief, [ ] has performed his duties, taken as a whole, in a superior manner. His timely and efficient preparation of intelligence annexes, logistic and fiscal requirements and reports has been particularly outstanding. During three to four months of the past year, [ ] has acted as Branch Chief. The review of Branch operations under [ ]'s direction, during the writer's absence, indicated his complete competence in supervising Branch activities. His supervision of the planning and preparation for approval of basic plans and projects of the [ ] desk chiefs has been superior. Mr. [ ] also participated in the planning and dispatch of a difficult operational mission, acting in the capacity of Senior Case Officer. On this mission his liaison with representatives of one of the Military Services was conducted in a manner which enhanced cooperation between that Service and this Agency.

SECRET  
SECURITY INFORMATION

12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?	[redacted] performance was noticeably outstanding with respect to his thorough knowledge of every activity of the Branch. He was in position to assume direction of Branch activities at any time. He also kept himself thoroughly briefed on Division policies and planning in order to give timely instruction and guidance to the Branch overseas stations.
13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?	[redacted] has a very thorough background in two (2) languages, [redacted] He would benefit substantially by learning the Russian language. He is meticulous with respect to his attention to details, sometimes to the point of concealing the broader picture from his view. It would be well for [redacted] to direct his attention to the broad scope of Branch activities rather than to concentrate on its details.
14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.	[redacted] is fully qualified to assume the duties of the chief SR Division representative at a field station. In order to assume this responsibility in the most efficient manner, it is recommended that [redacted] serve a minimum period of time of approximately six (6) months as the assistant to the present chief of the field station.
15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)	[redacted] could serve effectively in a staff function for either FI or PP activities. This does not mean, however, that his present duties are not better suited to his qualifications.
16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?	[redacted] has already been recommended for overseas assignment in the Far East during the past year. He has area knowledge and command of the [redacted] language, having served [redacted] previously with the United States Army. His duties at Headquarters have been so pressing that his departure for overseas assignment is being delayed until an adequate replacement may be trained.
17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.	
18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.	
	<p><u>March 31 1953</u> DATE</p> <p><u>George J. Wisniewski</u> SIGNATURE OF SUPERVISOR</p>
19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown in Item 20.)	<p><u>11 March 30 1953</u> DATE</p> <p>[redacted] SIGNATURE OF REVIEWING OFFICIAL</p>
20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)	

SECRET

WARNING—Do not fill out this form until you have read all instructions.

DESIGNATION OF BENEFICIARY  
CIVIL SERVICE RETIREMENT SYSTEM

STANDARD FORM NO. 2808 JUNE 1966  
U. S. Civil Service Commission  
PFM Supplement 831-1 2808-104

A. INFORMATION CONCERNING THE DESIGNATOR

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH (Month) (Day) (Year) Jan 20 1924	3. SOCIAL SECURITY NUMBER
------------------------------------	---	---------------------------

4. DEPARTMENT OR AGENCY IN WHICH PRESENTLY OR LAST EMPLOYED, INCLUDING BUREAU OR DIVISION	5. CLAIM NUMBER IF RETIRED CSA—
---	------------------------------------

I, the employee or former employee identified above, canceling any and all previous designations of beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Civil Service Retirement Act after my death. I understand that this designation of beneficiary will not affect the rights of any survivors who may qualify for annuity benefits after my death, and that this designation will remain in full force and effect unless or until canceled by me in writing.

B. INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES

TYPE OR PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	TYPE OR PRINT ADDRESS (Including ZIP Code) OF EACH BENEFICIARY	RELATIONSHIP	SHARE TO BE PAID TO EACH BENEFICIARY (See Example)
Pamela	3 villa Madrid,	Dau	One half
Michelle	5 villa Madrid,	Dau	One half

DUPLICATE

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary or beneficiaries who may die before a lump-sum benefit becomes payable shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive when the lump-sum benefit becomes payable, this designation shall be void.

January 12, 1972

DATE OF THIS DESIGNATION  
(MONTH) (DAY) (YEAR)

(SIGNATURE OF DESIGNATOR—DO NOT PRINT)

C. WITNESSES (A witness is ineligible to receive payment as a beneficiary)

W	THIS INSTRUMENT WAS SIGNED IN OUR PRESENCE.	
(SIGNATURE OF WITNESS—DO NOT PRINT)	13219 Alantown ave	Rockville, md.
(SIGNATURE OF WITNESS—DO NOT PRINT)	(NUMBER AND STREET)	(CITY, STATE, AND ZIP CODE)

PRINT OR TYPE YOUR NAME AND ADDRESS (Including ZIP Code) TO INSURE RETURN OF COPY

722 South Royal Street  
Alexandria VA 22134

(Reserved for Receiving Stamp of U. S. Civil Service Commission)

MAR 2 10 48 AM '72

PERSONAL AFFAIRS

THIS DUPLICATE WILL BE RETURNED TO YOU

Standard Form No. 1158  
 Form prescribed by:  
 Comptroller General, U. S.  
 October 23, 1959  
 (Gen. Reg. No. 104, Supp. No. 1)

**DESIGNATION OF BENEFICIARY**  
**UNPAID COMPENSATION OF**  
**DECEASED CIVILIAN EMPLOYEE**

**IMPORTANT**  
 Read instructions  
 on back of duplicate  
 before filling in this form

**INFORMATION CONCERNING THE EMPLOYEE:**

NAME— (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)  
 [Redacted] Jan 20 1924

**DEPARTMENT OR AGENCY IN WHICH EMPLOYED**

(Department or agency) (Bureau) (Division)

*I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 3 of the act of August 3, 1950, Public Law 636, and in no wise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.*

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Pamela [Redacted]	[Redacted]	Dau	One half
Michelle [Redacted]	[Redacted]	Dau	One half

*I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.*

*I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.*

January 12 1972

(Date of execution—month, day, year)

(Signature of employee)

**WITNESSES TO SIGNATURE:**

[Redacted] 13219 [Redacted] Lockville N.D.  
 (Signature of witness) (Number and street) (City, zone number, and State)

[Redacted] [Redacted] [Redacted]  
 (Signature of witness) (Number and street) (City, zone number, and State)

**PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE**

[Redacted]  
 722 South Royal Street  
 Alexandria VA 22314

**THIS SPACE RESERVED FOR RECEIVING DATA FROM EMPLOYING AGENCY**

JAN 17 1972  
 PERSONAL AFFAIRS  
 (Indicate date and by whom received)

DELIVER BOTH COPIES TO THE PROPER OFFICER OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED

**DUPLICATE**

## DESIGNATION OF BENEFICIARY FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT**  
Read instructions  
on back of duplicate  
before filling in this form

**INFORMATION CONCERNING THE INSURED:**

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

AN EMPLOYEE    
  RETIRED OR AN APPLICANT FOR RETIREMENT    
  RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS, GIVE YOUR "CSA," "CSL," "A," OR "X" NUMBER

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (If retired, former department or agency):

(CSA, CSL, A, or X number)

(Department or agency) (Bureau) (Division) (Location—City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

(Date of execution—month, day, year)

(Signature of insured)

**WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):**

(Signature of witness)    
 13219 Montclair (Number and street)    
 Rockville, Md. (City, State, and ZIP Code)

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED

THIS SPACE RESERVED FOR RECEIVING AGENCY

2200 St. G. St.  
 S.E.

(Indicate date and by whom received)

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.  
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

**DUPLICATE**

<b>DISPATCH</b>		CLASSIFICATION <b>S E C R E T</b>	PROCESSING ACTION
TO	Chief, European Division		MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED
FROM	Chief of Station, <input type="text"/>	<i>TNP</i>	ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	ADMIN/Personnel <del>_____</del> - Change of Beneficiary Forms		MICROFILM
ACTION REQUIRED - REFERENCES			
<p>Forwarded herewith and under separate cover are change of beneficiary forms completed by <del>_____</del>. Since <del>_____</del> will be at Headquarters during home leave towards the end of February, it is suggested that he be contacted during his TDY if additional information is required.</p> <p style="text-align: right;"><i>Carolyn A. Tanzola</i> Carolyn A. TANZOLA</p> <p>Attachments:</p> <ol style="list-style-type: none"> <li>1. Flight &amp; Accident Plan, h/w <del>_____</del> by <i>SP/PHC</i></li> <li>2. SF-2808, U/S/C via TNP</li> <li>3. SF-54, U/S/C via TNP</li> <li>4. SF-1152, U/S/C via TNP</li> </ol> <p>Distribution:</p> <p>3-Chief, Eur-Div w/att #1-h/w; #2,3,4-usc-tnp</p> <p style="text-align: right;"><b>CABLE BOARD</b> 2 FEB 1972</p> <p style="text-align: right;"><i>Dick</i></p>			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
<input type="text"/>	<input type="text"/> -17469	10 February 1972	
<input type="text"/>	CLASSIFICATION <b>S E C R E T</b>	HQ'S FILE NUMBER	



SECRET  
52 74-57

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

- 1 FOLLOW THESE GENERAL INSTRUCTIONS:**
- Read the back of the "Duplicate" carefully before you fill in the form.
  - Fill in BOTH COPIES of the form. Type or use ink.
  - Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
[REDACTED]	20 Jan 1924	
EMPLOYING DEPARTMENT OR AGENCY	LOCATION (City, State, ZIP Code)	

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance



**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
OPTIONAL but  
do want  
regular  
insurance



**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance



**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

DATE

1 March 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

RECEIVED  
PERSONNEL  
MAR 19 3 40 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM NO. 176-2  
JANUARY 1953  
(for use only until April 18, 1968)  
175-222

B 52

506 74-57


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31 July 1962

Date

THIS IS TO CONFIRM THE ADOPTION OF THE PROVISIONS  
OF REGULATION 14, PART II OF FEBRUARY 1959 CONCERNING  
THE PERSONAL COUNSEL OF CERTAIN EMPLOYEES OVERSEAS.



SECRET

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CAP'S SECRETARIAT DISSEMINATION		CLASSIFIED MESSAGE	TOTAL COPIES 17	ROUTING AND/OR INITIAL 1-SEC'TN BY		
PERSON UNIT NOTIFIED		<b>SECRET</b> (When Filled In) REPRODUCTION OF THIS COPY PROHIBITED	GENERAL 1	5		
ADVANCE COPY <input type="checkbox"/> ISSUED <input type="checkbox"/> SLOTTED			BREKING, EMBL AUTOMATIC OPERATIONS, AND SECURITY MATTERS	2	6	
BY _____ AT _____			3	7		
DISSEM BY <u>AS</u> PER _____			4	8		
ACTION UNIT	FILE. VR	<u>cleared</u> <u>of records</u> <u>of case</u> <u>of case</u> <u>of case</u> <u>of case</u>				
ACTIVITY		071				

*TRB*

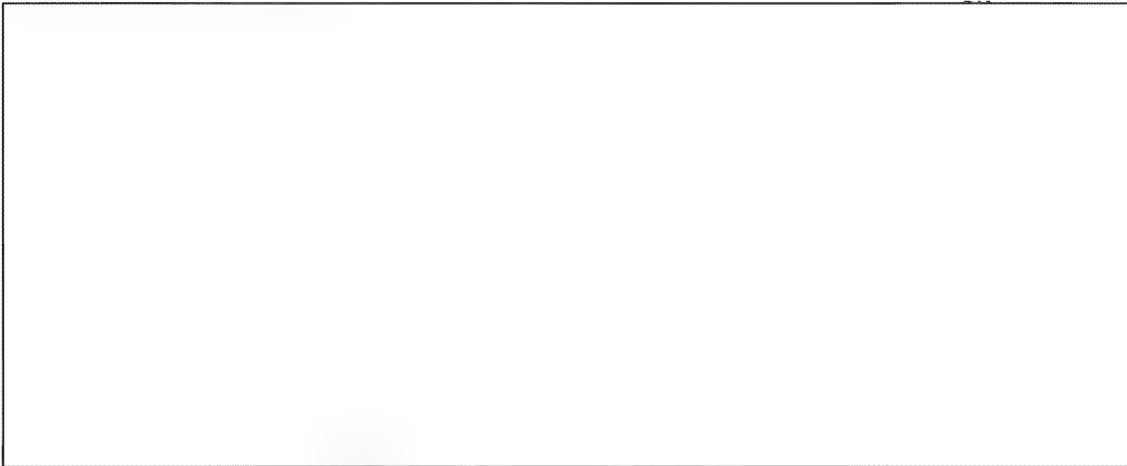
SECRET 011654Z JUN 72 CITE [ ] (RILANDER ACTING)

DIRECTOR

1 JUN IN 625469

RYBAT ADMIN PERS TOPSY WODEEP WOGAME

REF: DIRECTOR 271979



2. NO FILE. GP-1

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FIELD REASSIGNMENT QUESTIONNAIRE				
DO NOT COMPLETE		FOR HEADQUARTERS USE ONLY		
NAME OF EMPLOYEE (Last name only if SA)		DATE (from item 5-2)	NAME OF SUPERVISOR (Name)	DATE (from item 5-2)
[REDACTED]		3 Feb. 1969	David Murphy	3 Feb. 1969
DATE RECEIVED AT HEADQUARTERS:		DISPATCH NUMBER:	DATE RECEIVED BY CARRIER SERVICE:	
20 February 1969		TN-798947		
TO BE COMPLETED BY EMPLOYEE				
1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
20 J 1924	CS	S&T project manager, Area Ops Off, GS 15	[REDACTED]	LPCOVER
6A. DATE OF PCS ARRIVAL IN FIELD	6B. REQUESTED DATE OF DEPARTURE	6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
5 Sep 1967	Please see 11B	Summer 1970	o/a 15 August 1970	
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:				
3: (at that time) 42, 19 and 16				
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:				
<p>My younger daughter should graduate from high school in Europe in June, 1970. Because she should not be transferred at that critical scholastic juncture, I would like to remain in the field another nine months to see her through her senior year.</p> <p>In my next assignment, I would like to use my fluent [REDACTED] from time to time, if possible.</p>				
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaires in accordance with CSI-F 240-8)				
<ul style="list-style-type: none"> <li>I planned, established and operated a long-range S&amp;T spotting-assessment activity against sensitive targets, and a shorter-range similar local activity in an adverse political climate.</li> <li>I planned, developed and exploited an adapted [REDACTED] to mask the operational activity, integrated into the further-ranging overall activities of a major Station.</li> </ul>				
<ul style="list-style-type: none"> <li>I assisted other Stations and Bases, at their request, in spotting-assessment activities, in local search and surveillance activities, and in recruitment.</li> </ul>				
10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS				
<p>I would like to take (a) the seniormost management course offered by or through the Organization as well as (b) a review course of activities within the CS and the Organization as a whole.</p> <p>In addition, I would also like to (c) audit, at least, the S&amp;T course, if that is still being offered.</p> <p>If (a) is possible through a civil school away from Headquarters, I would have no objection to the displacement involved.</p>				

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

First choice: to manage a large-scale [redacted] project in another [redacted]-speaking, technically advanced area (such as metropolitan [redacted] or [redacted]).

Second choice: chief of station or base [redacted] in an appropriate area.

Third choice: to be assigned to Staff training, preferably training (a) senior unit or project managers or (b) JOFs.

Fourth choice: to be assigned to Staff personnel work -- above the Division level -- where new personnel are screened, tested and evaluated, then assigned.

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

- EXTEND TOUR nine MONTHS AT CURRENT STATION TO 15 June 1970 (DATE)
- BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- BE ASSIGNED TO ANOTHER FIELD STATION: INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- RETURN TO MY CURRENT STATION, with different responsibilities.

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

We are anxious to have this employee remain in his present assignment until 1970. You will note his first choice in para 11-A, to manage a large scale [redacted] project. It is possible we will have such a requirement here by 1970, but cannot yet be definite. If this develops positively, we will discuss with the employee.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

EUR Division recommends that ~~request~~ request for an extension of his current tour until June 1970 be approved.

DATE 3/11/69 TITLE C/E/PERS SIGNATURE [redacted]

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT: Extended to June 1970

15. EMPLOYEE NOTIFIED BY DISPATCH NO. CFPS-11268 DATED: 11 July 69

CABLE NO. \_\_\_\_\_ DATED: \_\_\_\_\_  
CAREER SERVICE REPRESENTATIVE: Charles B. [redacted] 7/16/69  
(SIGNATURE)

SECRET

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

DO NOT COMPLETE	AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:		DATE (from item 5.2)	DO NOT COMPLETE
	[Redacted Signature] DATE (from item 5.1) NAME OF SUPERVISOR (Imp) 9 Dec 1963		27 Dec 1963	
NAME AND TITLE OF AUTHORITY AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:				

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
20 Jan 1924	GS-15	Operations Officer, GS-15	10 September 1962
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		7B. EXPECTED DATE OF DEPARTURE FROM FIELD
			September 1965
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			

2. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

Staff agent assigned to a major overseas station, exploiting the [Redacted] I take my instructions from a section chief within the station, and report in writing on the progress of my [Redacted] development and its operational exploitation.

For operational reasons, I develop and assess operational leads in the FI, CI and CA areas, principally against denied area targets. I also handle local investigations and such cases as the station determines will fit [Redacted] or which I can otherwise handle in alias. I travel to other field stations to handle such tasks as they request or Hq directs. I handle all [Redacted] tasks as they appear.

3. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 2. ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

I would like to continue to serve essentially in the same capacity as described above, although I would like eventually to add more supervisory and managerial functions to my responsibilities. I would like to expand the operating base [Redacted] by taking on several journeymen case officers to work with me against both denied area and host country targets, and to make [Redacted] of more versatile use to both the station and to KUDCOVE as a whole.

My second choice would be to return to Hq, and use the knowledge and experience I have gained in my present job to (1) select staff personnel who will be placed in [Redacted] (2) select the [Redacted] proper, (3) train our personnel for the proper discharge of their total responsibilities [Redacted]

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO IMPROVE YOUR PERFORMANCE IN YOUR PRESENT ASSIGNMENT (refer to catalog of courses, if available):

The completion of work toward a master's or doctor's degree in the physical or life sciences, or in the management/administration of the sciences and their personnel.

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)  
C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:

RETURN TO MY CURRENT STATION, after a one-year extension of my present tour

BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:  
1ST. CHOICE OTR 2ND. CHOICE Cover Group 3RD. CHOICE Office/Personnel

BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:  
1ST. CHOICE \_\_\_\_\_ 2ND. CHOICE \_\_\_\_\_ 3RD. CHOICE \_\_\_\_\_

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? INDICATE NUMBER OF WORK DAYS 25

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:  
Wife, will be 37 in 1965; two daughters, 15 and 12 in 1965

11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT  
Next post should have high school facilities teaching in French or in English.

12. SIGNATURE: COMPLETE ITEM NO. 5-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:  
Chief, External concurs in subject's wish for one year extension and return for second tour after home leave in the fall of 1965. However, subject's wish as expressed in 9.A. of having case officers working under him is not feasible at this time.

14. SIGNATURE: COMPLETE ITEM NO. 5-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:  
Recommend Home Leave and return for another tour.  
SR Concurs. *A. B. [Signature]*  
*2-20-64*

16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
DATE: 6 February 1964

FOR USE OF CAREER SERVICE

17. EMPLOYEE  HAS  HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT

18. REFERENCE DISPATCH NO. OFPS-7995 CABLE NO. \_\_\_\_\_

19. \_\_\_\_\_ 20. SIGNATURE: \_\_\_\_\_

21. TITLE: Secretary, CS Agent Panel 22. DATE: 26 February 1964

23. COMMENTS  
Approved extension of present tour to September 1965, followed by home leave, and then second tour.

SECRET

SECRET

<b>CONTRACT INFORMATION AND CHECK LIST</b>		CASE OFFICER [redacted] X6356	DIVISION SR
INSTRUCTIONS: Use R 10-10.2 and R 10-10.3 for guidance. Complete all items. Inserting "SI" when items are not applicable. Forward original and TWO copies for preparation of contract.		TELEPHONE EXTENSION For contract info	DATE 9 July 1962
GENERAL CALL BY JOHNSON X5943			
<b>SECTION I</b>		3. ALLOTMENT NO. 3234-1008-1000	4. SLOT NO. 240
1. NAME <input type="checkbox"/> PSEUDO <input type="checkbox"/> TRUE [redacted]	2A. PROJECT NA	3A. FUNDS <input type="checkbox"/> Y <input checked="" type="checkbox"/> X <input type="checkbox"/> UN	
5. PREVIOUS CIA PSEUDONYM OR ALIASES	6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include dates and salary.) Staff Employee since 1949		
7. SECURITY CLEARANCE (Type and date) SI	7A. MEDICAL CLEARANCE <input type="checkbox"/> CONTAINED <input checked="" type="checkbox"/> INITIATED <input type="checkbox"/> NOT PER'D.	8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) [redacted]	
<b>SECTION II PERSONAL DATA</b>			
11. CITIZENSHIP U.S.	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE 33	14. DATE OF BIRTH (Month, day, year) January 20, 1924
15. LEGAL RESIDENCE (City and state or country) Alexandria, Virginia		16. CURRENT RESIDENCE (City and state or country) Alexandria, Virginia	
17. MARITAL STATUS (Check as appropriate) <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE:  Three - Wife, age 34 Daughter, age 8 Daughter, Age 11		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP?	
<b>SECTION III U.S. MILITARY STATUS</b>			
20. RESERVE NA	21. VETERAN Yes	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
23. BRANCH OF SERVICE U. S. Army	24. RANK OR GRADE	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>SECTION IV COMPENSATION</b>			
27. BASIC SALARY Pay entitlements equating to GS-14 (step 6) including premium psy \$13,570	28. POST DIFFERENTIAL	29. COVER (Breakdown, if any)	30. FEDERAL TAX WITHHOLDING COVER: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CIA: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)</b>			
31. QUARTERS In accordance with regulations	32. POST	33. OTHER	
34. COVER (Breakdown, if any)			
<b>SECTION VI TRAVEL</b>			
35. TYPES <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HME TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	37A. HME TO BE STORED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH Wife, U. S. Citizen, age 34, DOB 19 June 1928 Daughter, U. S. Citizen, age 8, DOB 5 September 1953 Daughter, U. S. Citizen, age 11, DOB September 1950			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input checked="" type="checkbox"/> COVER POLICIES AND PROCEDURES			
<b>SECTION VII OPERATIONAL EXPENSES</b>			
42. PURCHASE OF INFORMATION As authorized	43. ENTERTAINMENT As authorized	44. OTHER As authorized	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			



SECRET

<b>CONTRACT INFORMATION AND CHECK LIST (CONTINUED)</b>		CASE OFFICER X6356	DIVISION SR								
NOTE: SEE INSTRUCTIONS ON FIRST SHEET.		TELEPHONE EXTENSION For contract info	DATE 9 July 1962								
SECTION VIII OTHER BENEFITS call by Johnson X5423											
48. BENEFITS (See R 20-615, R 20-620, R 20-670, R 20-1000, and HB 20-620-1, HB 20-1000-1 and/or successor regulations for benefits applicable to various categories of contract personnel.)											
All Staff Employee benefits											
SECTION IX COVER ACTIVITY											
47. STATUS (Check)	<input checked="" type="checkbox"/> PROPOSED <input checked="" type="checkbox"/> ESTABLISHED	48. TYPE (Check)	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> CULTURAL <input type="checkbox"/> EDUCATIONAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> MILITARY <input type="checkbox"/> TOURIST <input type="checkbox"/> OTHER								
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL											
SECTION X OFFSET OF INCOME											
50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.) <input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE											
SECTION XI TERM											
51. DURATION	52. EFFECTIVE DATE	53. RENEWABLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
DAYS MONTHS YEARS											
54. TERMINATION NOTICE (Number of days)		55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION <input type="checkbox"/> YES <input type="checkbox"/> NO									
SECTION XII FUNCTION											
56. PRIMARY FUNCTION (CI, FI, PP, other) FI and CA											
SECTION XIII DUTIES											
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED Handling and supervision of field agents already recruited. Spotting, assessment and development of agent candidates or projects. Recruitment of agent candidates outside [ ] when necessary. Clandestine support of own and other station operations.											
SECTION XIV QUALIFICATIONS											
58. EXPERIENCE Photographic equipment salesman Newspaper assistant <del>XXXX</del> editor Assistant to planning division of housing authority of a major city Operations Officer for past 12 years											
59. EDUCATION (Check Highest Level Attained)											
GRADE SCHOOL		HIGH SCHOOL GRADUATE	TRADE SCHOOL GRADUATE								
BUSINESS SCHOOL GRADUATE		COMMERCIAL SCHOOL GRADUATE									
COLLEGE (No degree)		<input checked="" type="checkbox"/> COLLEGE DEGREE	POST GRADUATE								
		MA	PHD								
60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)											
LANGUAGE		SPEAK		WRITE		READ		61. INDIVIDUAL'S COUNTRY OF ORIGIN			
		FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	USA
French			X			X			X		
Japanese			X			X			X		
Russian										X	
62. AREA KNOWLEDGE Canada, Japan, Western Europe thru residence, study and travel											
SECTION XV EMPLOYMENT PRIOR TO CIA											
63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING Newspaper assistant editor - \$2,100 Assistant to planning division of housing authority \$3,100											
SECTION XVI ADDITIONAL INFORMATION											
64. ADDITIONAL OR LOCAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)											

APPROVAL

OVER

DATE \_\_\_\_\_ SIGNED NAME & SIGNATURE OF BENEFICIAL OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

SECRET

9 December 1958

MEMORANDUM FOR: Secretary, CS/CSB


SUBJECT : Recommendation for Promotion to Grade GS-15 -  
[redacted]

REFERENCE : Your memorandum dated 8 October 1958

1. The SR Division and the Chief of Station [redacted] attached) recommend the promotion of [redacted] to GS-15.

2. [redacted] was last promoted 16 January 1955. On 17 February 1955 he arrived in [redacted] to serve as the senior SR officer in the FE field area, his present assignment. In this position he has continued to display qualities of leadership, initiative, imagination and thoroughness which resulted in his rapid rise in the Agency.

3. The very facts of [redacted]'s youth in relation to his responsibilities and the fact that promotion to his present level has been rapid, caused the Division and the Chief of Station, [redacted] to hold until this time a recommendation for his promotion which was submitted in June 1957. Most careful consideration has convinced us that not only is [redacted] deserving of the recommended promotion, but his elevation to the higher grade will be in the best interest of the Career Service and meet definite Division requirements for a senior officer at the GS-15 level.

  
CHARLES KATEK  
Acting Chief, SR Division

Distribution:  
Orig & 6 - Addr

SECRET

OFFICIAL

CLASSIFICATION

DISPATCH

TO

Chief, SR

INFORMATION ADDRESSEE

Chief, FE

FROM

Chief of Station, [redacted]

SUBJECT

REDHOOD/ADMINISTRATIVE  
Promotion of [redacted]

HEADQUARTERS FILE NO.

DISPATCH SYMBOL AND NO.

FJTB-1950

DATE

REFERENCE(S)

FJTB-11511 (RYBAT), dated 11 October 1957  
ACTION REQUIRED: See paragraph 2

Baker - 1  
Murray - 2  
Nelson - 3  
- 4

1. In line with paragraph 2 of Reference, after a period of six months we submitted an additional promotion fitness report on [redacted] under cover of [redacted] dated 26 May 1958. Inasmuch as [redacted] was then at Headquarters on TDY, we requested that he review this fitness report and assured that in doing so he would also discuss with [redacted] promotion, which both he and [redacted] felt was to be strongly recommended.

2. [redacted] was, however, not shown this fitness report at Headquarters, nor did he have the opportunity to discuss [redacted]'s promotion with [redacted]. In revising our records we are now concerned at the possibility of some administrative slip-up and would appreciate a word of advice as to how this promotion action is proceeding. We would like to reiterate that we now have not the slightest hesitation in recommending [redacted] for promotion and find that the fitness report submitted with [redacted] still reflects our current high appreciation of his abilities and progress.

20 November 1958

Distributions:  
2 - Chief, SR  
2 - Chief, FE

✓ Rawls/Per  
Per

CONTINUED →

OFFICIAL DISPATCH

SECRET

COPY  
Attachment to  
FJTA-19609

MEMORANDUM No. 360

18 June 1957

TO : Chief of Station

FROM : Chief, Soviet Branch

SUBJECT: [REDACTED] - Recommendation for Promotion

1. [REDACTED] has been under my supervision as Deputy and Case Officer for approximately fifteen months. Based on the knowledge of [REDACTED] as an individual gained during this period and upon his actual performance, I recommend that he be entered for consideration on the SR Division GS-14 to GS-15 promotion list at this time - June 1957. The slot and job which he now occupies, Chief, Soviet Branch, is, of course, adequate to accommodate such a promotion.

2. [REDACTED] operational performance has been outstanding and notably versatile during this period. He has engaged primarily in liaison and has been personally effective in terms of results achieved almost daily, in terms of reports, operational data, and joint enterprises; while, overall, he has established enduring professional relationships from which the organization as a whole should benefit for some time to come. In addition, owing in large part to unique personal talents, linguistic and otherwise, [REDACTED] has handled a number of unilateral cases most effectively. In the office, too, as well as in face-to-face operational situations, [REDACTED] has been outstanding. He has a flair for and a facility with the written word as evidenced by the amount of general and particular correspondence which he has initiated, and he knows the organizational "drill" intimately and from way back. Thus, I feel that he is qualified for the recommended promotion by ability and experience in both the internal and external aspects of the profession.

3. Relative to the more personal characteristics involved in the term managerial ability, judgments are necessarily more subjective but here, too, I consider [REDACTED] to be qualified in maturity, in judgment, and in experience. He would most certainly be a supervisor who could perform all the chores or handle all the situations which he would be calling upon subordinates to take care of, in itself, the beginning of any good supervisory relationship. In actual fact, he has had considerable experience in this regard already and the principal shortcoming I have noticed is a tendency to "carry" others by an extension of his own industry. [REDACTED] is not without his difficulties in the area of personal relationships. He is a purist at times and manifestly impatient in certain human situations where a shrug of the shoulders would be the

SECRET

**SECRET**

best reply. These characteristics do not always make for the best personal relations but are frequently obviated by intellect and above all are correctable and are being corrected.

4. In sum, [redacted] qualifications, broad experience and proven abilities dominate his case, the only factor militating against a promotion at this time. It is therefore my sincere recommendation that a promotion recommendation be forwarded to Headquarters for consideration in the current mid-year lists.

Edward MARLISS [redacted]

**SECRET**

9 December 1958

MEMORANDUM FOR: Secretary, GS/CS

SUBJECT: Recommendation for Promotion to Grade GS-13 -  
[redacted]

REFERENCE: Your memorandum dated 8 October 1958

1. The GS Division and the Chief of Station, [redacted] attached) recommend the promotion of [redacted] to GS-13.

2. [redacted] was last promoted 16 January 1957. On 17 February 1958 he arrived in [redacted] to serve as the senior GS officer in the FE field area, his present assignment. In this position he has continued to display qualities of leadership, initiative, imagination and thoroughness which resulted in his rapid rise in the Agency.

3. The very facts of Mr. [redacted] youth in relation to his responsibilities and the fact that promotion to his present level has been rapid, caused the Division and the Chief of Station, [redacted] to hold until this time a recommendation for his promotion which was submitted in June 1957. Most careful consideration has convinced us that not only is Mr. [redacted] deserving of the recommended promotion, but his elevation to the higher grade will be in the best interest of the Career Service and meet definite Division requirements for a senior officer at the GS-13 level.

[redacted]  
Acting Chief, GS Division

Distribution:  
Orig & 6 - Mr.

C O P Y

FJTT-1950

25 November 1958

TO: Chief, SR  
FROM: Chief of Station, [redacted]  
SUBJECT: Promotion of [redacted]  
REFERENCE: FJTW-11531 (RIBAT) dated 11 Oct 1957

1. In line with paragraph 2 of Reference, after a period of six months we submitted an additional promotion fitness report on [redacted] under cover of [redacted] dated 28 May 1958. Inasmuch as Baker was then at Headquarters on TDY, we requested that he review this fitness report and assumed that in doing so he would also discuss with Maury [redacted] promotion, which both he and Nelson felt was to be strongly recommended.

2. Baker was, however, not shown this fitness report at Headquarters, nor did he have the opportunity to discuss [redacted] promotion with Maury. In reviewing our records we are now concerned at the possibility of some administrative slip-up and would appreciate a word of advice as to how this promotion action is proceeding. We would like to reiterate that we now have not the slightest hesitation in recommending [redacted] for promotion and find that the fitness report submitted with [redacted] still reflects our current high appreciation of his abilities and progress.

WILLIAM E. NELSON

SECRET

COPY  
Attachment to  
[redacted]

MEMORANDUM No. 360

18 June 1957

TO: Chief of Station  
FROM: Chief, Soviet Branch  
SUBJECT: [redacted] - Recommendation for Promotion

1. [redacted] has been under my supervision as Deputy and Case Officer for approximately fifteen months. Based on the knowledge of [redacted] as an individual gained during this period and upon his actual performance, I recommend that he be entered for consideration on the SR Division GS-14 to GS-15 promotion list at this time - June 1957. The slot and job which he now occupies, Chief, Soviet Branch, is, of course, adequate to accommodate such a promotion.

2. [redacted] operational performance has been outstanding and notably versatile during this period. He has engaged primarily in liaison and has been personally effective in terms of results achieved almost daily, in terms of reports, operational data, and joint enterprise; while, overall, he has established enduring professional relationships from which the organization as a whole should benefit for some time to come. In addition, owing in large part to unique personal talents, linguistic and otherwise, [redacted] has handled a number of unilateral cases most effectively. In the office, too, as well as in face-to-face operational situations, [redacted] has been outstanding. He has a flair for and a facility with the written word as evidenced by the amount of general and particular correspondence which he has initiated, and he knows the organizational "drill" intimately and from way back. Thus, I feel that he is qualified for the recommended promotion by ability and experience in both the internal and external aspects of the profession.

3. Relative to the more personal characteristics involved in the term managerial ability, judgments are necessarily more subjective but here, too, I consider [redacted] to be qualified in maturity, in judgment, and in experience. He would most certainly be a supervisor who could perform all the chores or handle all the situations which he would be calling upon subordinates to take care of, in itself, the beginning of any good supervisory relationship. In actual fact, he has had considerable experience in this regard already and the principal shortcoming I have noticed is a tendency to "carry" others by an extension of his own industry. [redacted] is not without his difficulties in the area of personal relationships. He is a purist at times and manifestly impatient in certain human situations where a shrug of the shoulders would be the best reply. These characteristics do not always make for the best personal relationships but are frequently obviated by intellect and above all are correctable and are being corrected.



E. In sum, [redacted] qualifications, broad experience and proven abilities dominate his age, the only factor militating against a promotion at this time. It is therefore my sincere recommendation that a promotion recommendation be forwarded to Headquarters for consideration in the current mid-year lists.

EDWARD MARELIUS

SECRET

1 June 1959

MEMORANDUM FOR: Chairman, CS Career Service Board

SUBJECT : Nominations for Promotion to GS-15

REFERENCE : Memorandum dated 14 May 1958 from  
Secretary, CS Career Service Board

1. After reviewing GS-14 employees assigned to the SR Division, I wish to again recommend the promotion of [redacted] Chief, Soviet Branch, [redacted] to GS-15. I concur also in the attached recommendation for the promotion of [redacted] prepared by the Chief of Base, Berlin.

2. The Chief of Station, [redacted] and I recommended [redacted]'s promotion in December 1958. This earlier recommendation presented the personal qualities of Mr. [redacted]. I wish simply to point out at this time that since early 1954, [redacted] has more than fully discharged responsibilities at the GS-15 level. I believe that it is definitely time to elevate him to the level at which he has been performing more than satisfactorily for over 5½ years.

  
CHARLES KATER  
Acting Chief, SR Division

Distribution:  
Orig & 6 Addressee w/att

## STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

**IMPORTANT:** The information on this form will be used in determining creditable service for *leave purposes* and retention credits for *reduction in force*. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

### PART I—EMPLOYEE'S STATEMENT

**PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE**

1. NAME (Last, first, middle initial)  _____	2. DATE OF BIRTH  20 January 1924	9. RETENTION GROUP
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3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (Do not include military service.)	10. CSC STATUS (For permanent employee only) <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
None <i>CIA</i>	49	11	20							

4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."

BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.?)	12. TOTAL SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
United States Army	43	Feb	15	48	Oct	27	Yes; honorable	5	8	12

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR?  YES  NO  
 IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.

TYPE IF KNOWN (LWOP, Furl. Susp., AWOL, Mor Mar)	FROM—			TO—			TOTAL		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS?  YES  NO  
 (If answer is "Yes," in what agency were you employed at the time status was acquired?)

7. ARE YOU:  
 A. THE WIFE OF A DISABLED VETERAN?  YES  NO  
 B. THE MOTHER OF A DECEASED OR DISABLED VETERAN?  YES  NO  
 C. THE UNMARRIED WIDOW OF A VETERAN?  YES  NO

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR SEVEN PERSONS AUTHORIZED TO ADMINISTER OATHS.  
 I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

1 August 57

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 1952 at \_\_\_\_\_ (MONTH) (CITY) (STATE)

S E A L

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 24 months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

[Redacted Signature]

Office of Personnel

[Redacted]

[Redacted Signature]

(Employee)

[Redacted]

9 August 1957

726 Xerox Hall  
10-1

INSURANCE QUESTIONNAIRE

1. NAME (Last) \_\_\_\_\_ (Middle) \_\_\_\_\_ 2. THIS DATE 28 Dec 54

3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME:  
 WAR AGENCIES EMPLOYEES PROTECTIVE ASSOCIATION (WAEPA)  MUTUAL BENEFIT OF ONAMA  
 GROUP HOSPITALIZATION INCORPORATED  AIR TRIP INSURANCE

4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance):

5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE FOLLOWING INSURANCE PROGRAMS:

TYPE OF POLICY	DESIRED	NOW HAVE	POLICY NUMBER	DEDUCTIONS AUTHORIZED EACH PAY PERIOD	CASH PAID
GEHA - Health	HP	✓			
Fed. Emp. Ben.		✓			

6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS:  
 \_\_\_\_\_  
 SIGNATURE

7. EMPLOYEE INTERVIEWED BY:  
 CPB: \_\_\_\_\_ IACB: \_\_\_\_\_  
 SIGNATURE SIGNATURE

8. REMARKS:  
 These forms were returned to me 17 Feb 55 in envelope. The forms have not been signed by the Insurance office indicating that individual did not report to that office. Please  
 For phone info from insurance office 21 Feb 55 P/R  
 Deductions are to start eff. 26 Feb 55 RWZ

When completed, the original of this form should be forwarded to T&RB for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB file.



DEPARTMENT OF THE ARMY  
OFFICE OF THE ASSISTANT CHIEF OF STAFF, G-2, INTELLIGENCE  
WASHINGTON 25, D. C.

1-3688

G2-AP

3 DEC 1954

SUBJECT: Letter of Appreciation

TO: Director of Central Intelligence  
Washington 25, D. C.  
ATTN: Deputy Director of Plans



1. I have received a letter from Major General boniface Campbell, Commanding General, Army Intelligence Center, expressing appreciation for a presentation by Mr. ██████████ at Fort Holabird in October 1954. Mr. ██████████ also arranged for presentations by two other speakers at the Army Intelligence Center. A copy of General Campbell's letter is attached.

2. The remarks contained in this letter are a source of real satisfaction to me, and I take this opportunity to add my appreciation to that expressed by General Campbell.

*Arthur G. Trudeau*

ARTHUR G. TRUDEAU  
Major General  
A. C. of S.

1 Incl  
Cy ltr fr Gen  
Campbell dtd  
12 Nov 54

RECEIVED  
DEC 10 1954  
G-2

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CIA  
(Department or agency)

OPC  
(Bureau or division)

WASHINGTON, D. C.  
(Place of employment)

I, \_\_\_\_\_, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers contained in my Application for Federal Employment, Form No. SF-57 \_\_\_\_\_, dated \_\_\_\_\_, 19\_\_\_\_, filed with the above-named department or agency, which I have reviewed, are true and correct as of this date with the exceptions noted in the Declaration of Appointee on the reverse of this form. (If no exceptions, write "None" on the Declaration of Appointee.)

\_\_\_\_\_  
(Signature of appointee)

Subscribed and sworn before me this 13th day of July, A. D. 1950,

at Washington, (City)

D. C. (State)

Frank G. Jarman  
(Signature of officer)

\_\_\_\_\_  
(Title)

[SEAL]

**NOTE.**—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Question 3 is to be answered in all cases, otherwise answer only those questions which require an answer different from that given to the corresponding questions on your application form. If no answers are different, write "NONE" in Item 10, below. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (Street and number, city and State) Rd Silver Spring Md.

2. (A) DATE OF BIRTH 20 Jan 1924 (B) PLACE OF BIRTH (City or town and State or country) Fallström, Md.

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY \_\_\_\_\_ (B) RELATIONSHIP WIFE (C) STREET AND NUMBER, CITY AND STATE 8601 Old Lee Hwy Md-SS-Hd (D) TELEPHONE NO. SL-3783

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  YES  NO  
 If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR. RIED	SINGLE
		1. _____ 2. _____ 3. _____		<input type="checkbox"/>	<input type="checkbox"/>
		1. _____ 2. _____ 3. _____		<input type="checkbox"/>	<input type="checkbox"/>
		1. _____ 2. _____ 3. _____		<input type="checkbox"/>	<input type="checkbox"/>

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS	
			ITEM NO.	WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
1. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X			
4. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>		X		
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.</i>		X		
8. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date, and reason in each case.</i>		X		
9. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED, OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO PAY FINE OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION, OR ORDINANCE (INCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF LESS OR LESS WAS IMPOSED)? <i>If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</i>		X		

### INSTRUCTIONS TO APPOINTING OFFICERS

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) **Identity of appointee.**—The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) **Age.**—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) **Citizenship.**—The appointing officer is responsible for observing the citizenship provisions in (1) the Civil Service Rules and (2) Appropriation Acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying officer of the Civil Service Commission.

(4) **Members of Family.**—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probational or permanent appointment in the competitive service, no other member of such family is eligible for probational or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members-of-family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.



## ESPIONAGE

1. Unlawfully obtaining or permitting to be obtained information affecting national defense.—That (a) Whoever, for the purpose of obtaining information respecting the national defense with intent or reason to believe that the information to be obtained is to be used to the injury of the United States, or to the advantage of any foreign nation, goes upon, enters, flies over, or otherwise obtains information concerning any vessel, aircraft, work of defence, navy yard, naval station, submarine base, coaling station, fort, battery, torpedo station dockyard, canal, railroad, arsenal, camp, factory, mine, telegraph, telephone, wireless, or signal station, building, office, or other place connected with the national defense, owned or constructed, or in progress of construction by the United States or under the control of the United States, or of any of its officers or agents, or within the exclusive jurisdiction of the United States, or any place in which any vessel, aircraft, arms, munitions, or other materials or instruments for use in time of war are being made, prepared, repaired, or stored, under any contract or agreement with the United States, or with any person on behalf of the United States, or otherwise on behalf of the United States, or any prohibited place within the meaning of section 6 of this title; or (b) whoever for the purpose aforesaid, and with like intent or reason to believe, copies, takes, makes, or obtains, or attempts, or induces or aids another to copy, take, make, or obtain, any sketch, photograph, photographic negative, blueprint, plan, map, model, instrument, appliance, document, writing, or note of anything connected with the national defense; or (c) whoever, for the purpose aforesaid, receives or obtains or agrees or attempts or induces or aids another to receive or obtain from any person, or from any source whatever, any document, writing, code book, signal book, sketch, photograph, photographic negative, blueprint, plan, map, model, instrument, appliance, or note, of anything connected with the national defense, knowing or having reason to believe, at the time he receives or obtains, or agrees or attempts or induces or aids another to receive or obtain it, that it has been or will be obtained, taken, made or disposed of by any person contrary to the provisions of this title; or (d) whoever, lawfully or unlawfully having possession of, access to, control over, or being intrusted with any document, writing, code book, signal, book, sketch, photograph, photographic negative, blueprint, plan, map, model, instrument, appliance, or note relating to the national defense, willfully communicates or transmits or attempts to communicate or transmit the same to any person not entitled to receive it, or willfully retains the same and fails to deliver it on demand to the officer or employee of the United States entitled to receive it; or (e) whoever, being intrusted with or having lawful possession or control of any document, writing, code book, signal book, sketch, photograph, photographic negative, blueprint, plan, map, model, note, or information, relating to the national defense, through gross negligence permits the same to be removed from its proper place of custody or delivered to anyone in violation of his trust, or to be lost, stolen, abstracted, or destroyed, shall be punished by imprisonment for not more than ten years and may,

(2145)

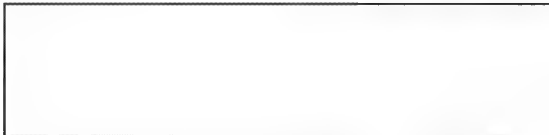
in the discretion of the court, be fined not more than \$10,000. (Sec. 1, Title I, act 15 June 1917 (40 Stat. 217), as amended by sec. 1, act 23 March 1940 ( 54 Stat. 79; 50 U.S.C. 31)).

2. Unlawfully disclosing information affecting national defense.—  
(a) Whoever, with intent or reason to believe that it is to be used to the injury of the United States or to the advantage of a foreign nation, communicates, delivers, or transmits, or attempts to, or aids or induces another to, communicate, deliver, or transmit, to any foreign government, or to any faction or party or military or naval force within a foreign country, whether recognized or unrecognized by the United States, or to any representative, officer, agent, employee, subject, or citizen thereof, either directly or indirectly, any document, writing, code book, signal book, sketch, photograph, photographic negative, blueprint, plan, map, model, note, instrument, appliance, or information relating to the national defense, shall be punished by imprisonment for not more than twenty years: Provided, That whoever shall violate the provisions of subsection (a) of this section in time of war shall be punished by death or by imprisonment for not more than thirty years; and (b) whoever, in time of war, with intent that the same shall be communicated to the enemy, shall collect, record, publish, or communicate, or attempt to elicit any information with respect to the movement, numbers, description, condition, or disposition of any of the armed forces, ships, aircraft, or war materials of the United States, or with respect to the plans or conduct, or supposed plans or conduct of any naval or military operations, or with respect to any works or measures undertaken for or connected with, or intended for the fortification or defense of any place, or any other information relating to the public defense, which might be useful to the enemy, shall be punished by death or by imprisonment for not more than thirty years. (Sec. 2, act 15 June 1917 (40 Stat. 218; 50 U.S.C. 32)).

*I have read and understand the provisions of the above:*



*Witness:*



*21 November 1949*

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CIA

OFC

WASHINGTON, D. C.

(Department or agency)

(Bureau or division)

(Place of employment)

I, \_\_\_\_\_, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers contained in my Application for Federal Employment, Form No. SF-57, dated 1 October, 1948, filed with the above-named department or agency, which I have reviewed, are true and correct as of this date with the exceptions noted in the Declaration of Appointee on the reverse of this form. (If no exceptions, write "None" on the Declaration of Appointee.)

Subscribed and sworn before me this 21st day of November, A. D. 1949,

at Washington (City)

D. C.

[SEAL]

(Signature of officer)

(Title)

**NOTE.**—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Question 3 is to be answered in all cases, otherwise answer only those questions which require an answer different from that given to the corresponding questions on your application form. If no answers are desired, write "NONE" in Item 10, below. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)

2. (A) DATE OF BIRTH (B) PLACE OF BIRTH (city or town and State or country)

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY **HARRIETE D. [REDACTED]** (B) RELATIONSHIP **WIFE** (C) STREET AND NUMBER, CITY AND STATE **722 S. LOYAL ST., ALEXANDRIA, VA.** (D) TELEPHONE NO. **TE 8506**

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (OTHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  YES  NO  
If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	POSITION		RELATIONSHIP	MARRIED (Check one)	SINGLE
		(1) POSITION (2) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	(3) TEMPORARY OR NOT			
		1. _____				
		2. _____				
		3. _____				
		1. _____				
		2. _____				
		3. _____				

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS	
			ITEM NO.	WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?				NONE
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>				
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.</i>				
8. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date, and reason in each case.</i>				
9. SINCE YOUR 17TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED, OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED)? <i>If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</i>				

### INSTRUCTIONS TO APPOINTING OFFICER

- The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointment.
- This form should be checked for holding of office, pension, suitability in connection with any record of recent discharge or arrest, and particularly for the following:
- Identity of appointee.**—The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.
  - Age.**—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.
  - Citizenship.**—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appropriation acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases, the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.
  - Members of Family.**—Section 9 of the Civil Service Act provides that where there are already two or more members of a family serving under probational or permanent appointment in the competitive service, no other member of such family is eligible for probational or permanent appointment in the competitive service. The appointments of persons entitled to veterans preference are not subject to this requirement. The members-of-family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

SECRET

(When Filled In)

1604 Curie

506102

PERIODIC SUPPLEMENT  
PERSONAL HISTORY STATEMENT

QAB

THIS DATE

7 August 1957

NOV

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I

GENERAL

1. FULL NAME (Last-First-Middle)

2. CURRENT ADDRESS (No., Street, City, Zone, State)  
Box 888 APO 500  
San Francisco, California

3. PERMANENT ADDRESS (No., Street, City, Zone, State)  
Street  
Alexandria, Virginia

4. HOME TELEPHONE NUMBER  
2636-3928

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE  
Virginia

SECTION II

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.

2. RELATIONSHIP  
Father-in-law

3. HOME ADDRESS (No., Street, City, Zone, State, Country)  
Street, Alexandria, Virginia

4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE  
Council of State Governments, 1025 Connecticut Avenue, Washington, D.C.

5. HOME TELEPHONE NUMBER  
Temple 6-8506

6. BUSINESS TELEPHONE NUMBER  
Executive 3-6715

7. BUSINESS TELEPHONE EXTENSION

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.  
(Brother), Street NW, Washington, D.C. (EM-5-6093)

SECTION III

MARITAL STATUS

1. CHECK (X) ONE:  SINGLE  MARRIED  WIDOWED  SEPARATED  DIVORCED  ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancee.

3. NAME (First) (Middle) (Maiden) (Last)

4. DATE OF MARRIAGE

5. PLACE OF MARRIAGE (City, State, Country)

6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)

7. LIVING  YES  NO

8. DATE OF DEATH

9. CAUSE OF DEATH

10. CURRENT ADDRESS (Give last address, if deceased)

11. DATE OF BIRTH

12. PLACE OF BIRTH (City, State, Country)

13. IF BORN OUTSIDE U.S., DATE OF ENTRY

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION

19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)

20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)

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18 DEC 1957

SECTION III CONTINUED TO PAGE 2

SECRET

## SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) MONTH AND YEAR	
22. BRANCH OF SERVICE	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN	

## SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle) Mrs Henry	2. RELATIONSHIP Mother's aunt	3. AGE 65?
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Edith Cavell, Nice, Alpes Maritimes, France		
5. CITIZENSHIP (Country) France	6. FREQUENCY OF CONTACT About 3 times a year, by mail	7. DATE OF LAST CONTACT May 1957
1. FULL NAME (Last-First-Middle) M.	2. RELATIONSHIP Mother's 2d cousin	3. AGE 70?
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Greneta, Paris III <sup>e</sup> , France		
5. CITIZENSHIP (Country) France	6. FREQUENCY OF CONTACT Once a year, by mail	7. DATE OF LAST CONTACT Christmas, 1956
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

## 5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

I have met each of the above relatives only once in my life.

## SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.		
3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.		
5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS. Annual dividends on modest investments in stocks, credit union, and cooperative.		

SECTION V CONTINUED TO PAGE 3

SECRET

SECTION V CONTINUED FROM PAGE 2								
6. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS								
NAME OF INSTITUTION				ADDRESS (City, State, Country)				
Clarendon Trust Company,				Arlington 10, Virginia				
7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?				YES	<input checked="" type="checkbox"/>	NO		
8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATES:								
SECTION VI CITIZENSHIP								
1. COUNTRY OF CURRENT CITIZENSHIP		2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:						
USA		<input checked="" type="checkbox"/>	BIRTH	<input type="checkbox"/>	MARRIAGE	<input type="checkbox"/>	OTHER (Specify):	
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4. GIVE PARTICULARS:						
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (Paper number, etc.)								
SECTION VII EDUCATION								
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED								
<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE				<input type="checkbox"/> OVER TEN YEARS OF COLLEGE - NO DEGREE				
<input type="checkbox"/> HIGH SCHOOL GRADUATE				<input type="checkbox"/> BACHELOR'S DEGREE				
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE				<input checked="" type="checkbox"/>	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE			
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS				<input type="checkbox"/> MASTER'S DEGREE		<input type="checkbox"/> DOCTOR'S DEGREE		
2. COLLEGE OR UNIVERSITY STUDY								
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM'QTR HRS. COMPLETED (Specify)	
	MAJOR	MINOR	FROM	TO				
Graduate School, Georgetown University	Int'l	Rel'ns	Jun 51	May 52	N o n e		24 hours	
3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS								
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS				
		FROM	TO					
4. MILITARY TRAINING (Full time duty in specialized schools, such as Ordnance, Intelligence, Communications, etc.)								
NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS				
		FROM	TO					
5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE								

SECRET

(When Filled In)

SECTION X CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction; scientific articles; general interest subjects; novels; short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE  
An experienced intelligence briefer.

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.  
Member, British Interplanetary Society, London.  
Associate member, American Astronautical Association, New York.

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Nov 1949 - Oct 1951	7 - 11	OSC/FE/3 - Desk intelligence officer
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	Soviet desk officer	
6. DESCRIPTION OF DUTIES		
Prepared, conjointly with OSC/FE/FE, operational plans against Soviet Far Eastern targets.		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Oct 1951 - Dec 1953	12- 13	DDF/SR/5; deputy chief, then chief
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	Branch deputy chief, then Branch chief	
6. DESCRIPTION OF DUTIES		
Supervised and directed SR plans and projects targeted against Soviet Far East.		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Jan 1954 - Dec 1954	13	DDF/SR/COFS/DR - Chief
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	Chief of special defector [ ] project	
6. DESCRIPTION OF DUTIES		
[ ]		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Feb 1955 - Mar 1956	14	DDF/SR - NA/SR [ ] - Chief
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	Chief of Base	
6. DESCRIPTION OF DUTIES		
Direct and supervise field plans and projects based in [ ] targeted against Soviet Far Eastern targets.		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
Mar 1956 - Jun 1957	14	DDF/SR - [ ] Soviet Branch Deputy Chief
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	Deputy chief of branch	
6. DESCRIPTION OF DUTIES		
Assist Branch Chief in development and management of all [ ]-based operations against USSR and Soviet Embassy, [ ]		

(Use additional pages if required)

SECRET





PERSONAL HISTORY STATEMENT

37833

- Instructions:
1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
  2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? YES

SEC. 1. PERSONAL BACKGROUND

Telephone: \_\_\_\_\_  
 Office: NOT  
 Ext: APPLICABLE  
 Home: 40-7983

A. FULL NAME Mr. \_\_\_\_\_  
 (Use No. Initials) Mrs. \_\_\_\_\_  
 First Middle Last

PRESENT ADDRESS \_\_\_\_\_  
 St. & No. City State Country  
ST-BALTIMORE, MD, USA

PERMANENT ADDRESS \_\_\_\_\_  
 St. & No. City State Country  
ST-BALTIMORE, MD, USA

B. NICKNAME \_\_\_\_\_ WHAT OTHER NAMES HAVE YOU USED? NONE

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? NOT APPLICABLE

HOW LONG? \_\_\_\_\_ IF A LEGAL CHANGE, GIVE PARTICULARS \_\_\_\_\_

C. DATE OF BIRTH 20 JAN 1944 PLACE OF BIRTH BALTIMORE, MD, USA  
 City State Country

D. PRESENT CITIZENSHIP USA BY BIRTH? YES BY MARRIAGE? \_\_\_\_\_  
 Country

BY NATURALIZATION CERTIFICATE? NOT APPLICABLE  
 ISSUED \_\_\_\_\_ BY \_\_\_\_\_  
 Date Country

AT \_\_\_\_\_  
 City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? NO  
 Yes or No Country

HELD BETWEEN WHAT DATES? \_\_\_\_\_ TO \_\_\_\_\_ ANY OTHER NATIONALITY? \_\_\_\_\_  
 Country

GIVE PARTICULARS NOT APPLICABLE

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? NO GIVE PARTICULARS \_\_\_\_\_

2  
E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? N/A

PORT OF ENTRY? \_\_\_\_\_ ON PASSPORT OF WHAT COUNTRY? \_\_\_\_\_

LAST U.S. VISA \_\_\_\_\_  
Number Type Place of Issue Date of Issue

SEC. 2. PHYSICAL DESCRIPTION

AGE 24 SEX MALE HEIGHT 5'9 1/2" WEIGHT 140  
EYES BROWN HAIR BROWN COMPLEXION DARK SCARS FOREHEAD  
BUILD SLENDER OTHER DISTINGUISHING FEATURES NONE

SEC. 3. MARITAL STATUS

A. SINGLE YES MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

STATE DATE, PLACE, AND REASON FOR SEPARATION, DIVORCE OR ANNULMENT? \_\_\_\_\_

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE — INCLUDE ANNUL-  
MENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND  
GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE NOT APPLICABLE  
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE \_\_\_\_\_

HIS (OR HER) ADDRESS BEFORE MARRIAGE \_\_\_\_\_  
St. & No. City State Country

LIVING OR DECEASED \_\_\_\_\_ DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR LAST, ADDRESS \_\_\_\_\_  
St. & No. City State Country

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED? \_\_\_\_\_ WHEREB? \_\_\_\_\_  
City State Country

OCCUPATION \_\_\_\_\_ LAST EMPLOYER \_\_\_\_\_

EMPLOYER'S OR BUSINESS ADDRESS \_\_\_\_\_  
St. & No. City State Country

MILITARY SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
Date Date

COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOVT. SERVICE, U.S. OR FOREIGN \_\_\_\_\_

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents)

1. NAME NOT APPLICABLE RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME \_\_\_\_\_  
First Middle Last

LIVING OR DECEASED LIVING DATE OF DECESS \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR, LAST, ADDRESS \_\_\_\_\_ ST. BALTIMORE-18-MD-USA  
St. & No. City State Country

DATE OF BIRTH 21 NOV 1893 PLACE OF BIRTH CENTREVILLE, MARYLAND, USA  
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY N/A

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? \_\_\_\_\_  
City State Country

OCCUPATION AUTO DEALER LAST EMPLOYER EAST END AUTO CO-BALTIMORE

EMPLOYER'S OR OWN BUSINESS ADDRESS 6505 PULASKI HWY, BALTIMORE, MD, USA  
St. & No. City State Country

MILITARY SERVICE FROM 1915 TO 1919 BRANCH OF SERVICE ARMY AVIATION  
Date Date

COUNTRY USA, GT. BRITAIN DETAILS OF OTHER GOVT SERVICE, U.S. OR FOREIGN.  
NONE

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME \_\_\_\_\_  
First Middle Last

LIVING OR DECEASED DECEASED DATE OF DECESS 5 DEC 1947 CAUSE CANCER

PRESENT, OR, LAST, ADDRESS \_\_\_\_\_ AV, BALTIMORE, MD, USA  
St. & No. City State Country

DATE OF BIRTH 14 AUG 1900 PLACE OF BIRTH ROMANS, DROME, FRANCE

CITIZENSHIP USA WHEN ACQUIRED? 1921 (?) WHERE? BALTO, MD, USA  
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOV. 1919 - NEW YORK

OCCUPATION MILLINERY LAST EMPLOYER EMPORIUM WORLD HILLY CO.  
BUYER  
EMPLOYER'S OR OWN BUSINESS ADDRESS UNKNOWN, CHICAGO, ILL, USA  
St. & No. City State Country  
MILITARY SERVICE FROM NONE TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOVT SERVICE, U.S. OR FOREIGN.  
NONE

SEC. 7. BROTHERS AND SISTERS (Including half, step, and adopted brothers and sisters)

DL  
73452

1. FULL NAME [REDACTED] AGE 23  
First Middle Last  
PRESENT ADDRESS AV. BALTIMORE, MD, USA-USA  
St. & No. City State Country Citizenship
2. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last  
PRESENT ADDRESS \_\_\_\_\_  
St. & No. City State Country Citizenship
3. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last  
PRESENT ADDRESS \_\_\_\_\_  
St. & No. City State Country Citizenship
4. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last  
PRESENT ADDRESS \_\_\_\_\_  
St. & No. City State Country Citizenship
5. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last  
PRESENT ADDRESS \_\_\_\_\_  
St. & No. City State Country Citizenship

SEC. 8. FATHER-IN-LAW

FULL NAME NOT APPLICABLE  
First Middle Last  
LIVING OR DECEASED \_\_\_\_\_ DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_  
PRESENT, OR LAST, ADDRESS \_\_\_\_\_  
St. & No. City State Country  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED? \_\_\_\_\_ WHERE? \_\_\_\_\_  
City State Country  
OCCUPATION \_\_\_\_\_ LAST EMPLOYER \_\_\_\_\_



SEC. 9. MOTHER-IN-LAW

FULL NAME NOT APPLICABLE  
LIVING OR DECEASED \_\_\_\_\_ DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_  
PRESENT, OR LAST, ADDRESS \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED? \_\_\_\_\_ WHERE? \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ LAST EMPLOYER \_\_\_\_\_

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME HENRY RELATIONSHIP GREAT-UNCLE AGE 65(?)  
CITIZENSHIP FRENCH ADDRESS CAVEL, NICE, FRANCE  
2. NAME MARUS RELATIONSHIP \_\_\_\_\_ AGE 55(?)  
CITIZENSHIP USA ADDRESS 70 OTIS ELEVATORS, BUENOS AIRES ARGENTINA  
3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT.

1. NAME CMDR RELATIONSHIP COUSIN AGE 30  
CITIZENSHIP USA ADDRESS N.O.B., NORFOLK, VIRGINIA  
TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_  
2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_  
3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_

SEC. 12. EDUCATION

DS #63 BALTIMORE, MD, USA  
 ELEMENTARY SCHOOL Mc DONOUGH SCH. ADDRESS PIKESVILLE, MD, USA  
City State Country  
 DATES ATTENDED 1930-34-37 GRADUATE? YES  
 HIGH SCHOOL LYONS HIGH MONTREAL, ADDRESS MONTREAL QUE, CANADA  
City State Country  
 DATES ATTENDED 1937-1940 GRADUATE? YES  
 COLLEGE SIR GEO WILLIAMS COLL., ADDRESS MONTREAL, QUE, CANADA  
City State Country  
 DATES ATTENDED 1940-1942 DEGREE NONE  
 COLLEGE U OF MICHIGAN, ADDRESS ANN ARBOR, MICH, USA  
City State Country  
 DATES ATTENDED 1945 (see P 13) DEGREE B.A.

SEC. 13. MILITARY, NAVAL OR OTHER GOV'T SERVICE — U.S. OR FOREIGN

USA ARMY 1/LT FEB 1943-OCT 1945  
Country Service Rank Dates of Service  
GHC-FEC- 0-937200 HONORABLE  
Last Station Serial No. Type of Discharge  
 REMARKS: WHILE ENLISTED, SERIAL WAS                     

SELECTIVE SERVICE BOARD NUMBER 5-A ADDRESS HARTFORD, CONN.  
 IF REFERRED GIVE REASON \_\_\_\_\_

SEC. 14. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST.

FROM 15 AUG 45 TO 30 SEP 45  
 EMPLOYING FIRM OR AGENCY DEPT / ARMY  
 ADDRESS CCD-GHC-FEC APC 500 POSTMASTER SAN FRANCISCO, USA  
St. & No. City State Country  
 KIND OF BUSINESS CIVIL CENSORSHIP NAME OF SUPERVISOR LTJG SPAULDING  
 TITLE OF JOB LIAISON OFFICER SALARY \$ 251 PER MONTH  
 YOUR DUTIES INTELLIGENCE ANALYST; REPORTS COORDINATOR & WRITER  
 REASONS FOR LEAVING RETURN TO USA FOR SEPARATION FROM ARMY

(MILITARY)

FROM 1 APR 45 TO 15 AUG 45  
 EMPLOYING FIRM OR AGENCY DEPT / ARMY

ADDRESS CCD-GHQ-FEC APO 500 POSTMASTER SAN FRANCISCO, USA  
St. & No. City State Country

(MILITARY)

KIND OF BUSINESS CIVIL CENSORSHIP NAME OF SUPERVISOR VINCENT MERCOLO

TITLE OF JOB DEPUTY CHIEF, NEWS AGENCY SALARY 251 PER MONTH

YOUR DUTIES Asst chief of principal Allied press censorship bureau

REASONS FOR LEAVING CENSORSHIP SECTION ELIMINATED in Japan.

FROM 1 Nov 46 TO 31 MAR 49

EMPLOYING FIRM OR AGENCY DEPT / ARMY

ADDRESS CCD-GHQ-FEC APO 309 POSTMASTER SAN FRANCISCO, USA  
St. & No. City State Country

(MILITARY)

KIND OF BUSINESS CIVIL CENSORSHIP NAME OF SUPERVISOR KURT SPAULDING

TITLE OF JOB CHIEF, CENSORSHIP SUB-STA SALARY 221 PER MONTH

YOUR DUTIES Operated field censorship surveillance detachment

REASONS FOR LEAVING TRANSFERRED TO HQ IN TOKYO

FROM 15 MAR 46 TO 15 AUG 46

EMPLOYING FIRM OR AGENCY DEPT / ARMY

ADDRESS ARMY LANGUAGE SCHOOL (FT. SNEILING, FIINA, USA) PRESIDIO DE MONTE REY, CAL, USA  
St. & No. City State Country

(MILITARY)

KIND OF BUSINESS CIVIL AFFAIRS TNG NAME OF SUPERVISOR YUTAKA MINAKATA

TITLE OF JOB RESEARCH EDITOR SALARY Army PER Sgt.

YOUR DUTIES REVISED ARMY MANUALS, PREPARED CIVIL AFFAIRS COURSES

REASONS FOR LEAVING COMMISSIONED; TRANSFERRED TO JAPAN

FROM NOV 1941 TO JUL 1947

EMPLOYING FIRM OR AGENCY T. EATON CO, LTD.

ADDRESS ST. CATHERINE ST, MONTREAL, QUE, CANADA  
St. & No. City State Country

KIND OF BUSINESS DEPT. STORE NAME OF SUPERVISOR E.T. CLAYDON

TITLE OF JOB PHOTOGRAPHIC SALESMAN SALARY 30 PER WEEK

YOUR DUTIES SOLD CAMERAS AND PHOTO SUPPLIES

REASONS FOR LEAVING WAS PART-TIME JOB ACCEPTED WHILE IN COLLEGE



SEC. 15. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

NOT APPLICABLE

SEC. 16. GIVE FIVE CHARACTER REFERENCES -- IN THE U.S. -- WHO KNOW YOU INTERNALLY -- (GIVE RESIDENCE AND BUSINESS ADDRESSES WHERE POSSIBLE.)

		Street and Number	City	State
1.	CAPT. GORDON WALLACE	BUS. ADD. A15-PRESIDEN/	MUNTERKEY	CAL.
		RES. ADD. 2160 COOLST.	PALO ALTO	CAL.
2.	MR. GEORGE MOORE	BUS. ADD. U/CALIFORNIA	BERKELEY	CAL.
		RES. ADD. 571 NORTH	OAKLAND,	CAL.
3.	MR. JOHN CHEATHAM	BUS. ADD. 111 E. PATRICK	FREDERICK,	MD.
		RES. ADD. 101 E. CHURCH	FREDERICK,	MD.
4.	MR. T. G. DRISCOLL	BUS. ADD. 131 KST. NW	WASH.	DC.
		RES. ADD. 705 S. ROYAL	ALEXANDRIA	VA.
5.	MR. R. H. KUNZMAN	BUS. ADD. UP BUREAU	DES MOINES	IOWA
		RES. ADD. UNR		

SEC. 17. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES -- NOT REFERENCES, SUPERVISORS OR EMPLOYERS -- (Give residence and business addresses where possible.)

		Street and Number	City	State
1.	MR. GEORGE FINNEY	BUS. ADD. DEPT IAF	WASHINGTON	DC.
		RES. ADD. 2310 VALLEY DR.	ALEXANDRIA	VA.
2.	DR. MORRIS CRANE	BUS. ADD. BALTIMORE AV	PHILADELPHIA	PA.
		RES. ADD.		
3.	MS. BRADFORD COOLIDGE	BUS. ADD. DEPT/STATE	WASHINGTON	DC
		RES. ADD.		
4.	MISS FLORENCE HICKERSON	BUS. ADD. NONE		
		RES. ADD. 71 ARNOLDALE	UNHARTFORD,	CONN.
5.	MR. ANTHONY SAZ	BUS. ADD. UNR		
		RES. ADD. 303 E 211A	BALTIMORE,	MD.

SEC. 18. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U.S. -- (GIVE residence and business addresses where possible.)

- |                        | Street and Number        | City        | State |
|------------------------|--------------------------|-------------|-------|
| 1. MR. FRANK DUCHARME  | BUS. ADD. TRAVELERS INN  | HARTFORD    | CONN. |
|                        | RES. ADD. 76 LILLEY      | W. HARTFORD | CONN. |
| 2. MR. JAMES KNOX      | BUS. ADD. 67 FOX CO.     | HARTFORD    | CONN. |
|                        | RES. ADD.                | UNK         |       |
| 3. MRS. LOUIS FRANKLIN | BUS. ADD. ALBERT STEIGEL | HARTFORD    | CONN. |
|                        | RES. ADD.                | UNK         |       |

SEC. 19. FINANCIAL BACKGROUND

- A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES IF NOT, STATE SOURCES OF OTHER INCOME \_\_\_\_\_
- B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS BALTIMORE NATIONAL BANK, HIGHLANDTOWN BRANCH, BALTIMORE, MD.
- C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? NO  
GIVE PARTICULARS, INCLUDING COURT: \_\_\_\_\_
- D. GIVE THREE CREDIT REFERENCES -- IN THE U.S.
- |                                |  |
|--------------------------------|--|
| 1. NAME <u>LEE'S INC</u>       | ADDRESS <u>3424 EASTERN AV, BALTIMORE, MD.</u> |
| 2. NAME <u>MONTGOMERY WARD</u> | ADDRESS <u>2417 N. OAKLAND 16, CAL.</u>        |
| 3. NAME _____                  | ADDRESS _____                                  |

SEC. 20. RESIDENCES FOR THE PAST 15 YEARS

- | FROM       | TO         | St. No.           | City          | State | Country |
|------------|------------|-------------------|---------------|-------|---------|
| FROM 1933  | TO 1937    | 3110 PRESSTMAN SE | BALTIMORE     | MD    | USA     |
| FROM 1937  | TO 1939    | 4561 HARVARD AV   | MONTREAL      | QUE   | CANADA  |
| FROM 1939  | TO 1942    | 1461 MOUNTAIN ST  | MONTREAL      | QUE   | CANADA  |
| FROM 1942  | TO 1942    | 26 LILLEY RD      | W. HARTFORD   | CONN  | USA     |
| FROM 1942  | TO 1942    | MILITARY          | SERVICE       |       |         |
| FROM 1942  | TO PRESENT | 2908 ST. PAUL ST  | BALTIMORE, MD | USA   |         |
| FROM _____ | TO _____   | St. No.           | City          | State | Country |
| FROM _____ | TO _____   | St. No.           | City          | State | Country |

SEC. 21. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

- | FROM          | TO          | City or Section   | Country | Purpose   |
|---------------|-------------|-------------------|---------|-----------|
| FROM JUN 1937 | TO SEP 1937 | PARIS             | FRANCE  | VISIT     |
| FROM JUL 1939 | TO JUL 1941 | NIAGARA PENINSULA | CANADA  | VISIT     |
| FROM SEP 1937 | TO JUL 1942 | MONTREAL          | CANADA  | RESIDENCE |

FROM OCT 1944 TO JAN 1945 NORTHERN EUROPE WAR SERVICE  
City or Section Country Purpose

FROM SEP 44 TO OCT 44 [ ]

FROM \_\_\_\_\_ TO \_\_\_\_\_ City or Section Country Purpose

B. LAST U.S. PASSPORT—NUMBER, DATE, AND PLACE OF ISSUE: UNKNOWN

HOW MANY OTHER U.S. PASSPORTS HAVE YOU HAD? NONE GIVE APPROXIMATE

DATES: \_\_\_\_\_

PASSPORTS OF OTHER NATIONS: \_\_\_\_\_

SEC. 22. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. AMERICAN VETERANS COMMITTEE (MEMBER AT LARGE)  
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: NOV 1945 - JAN 1948

2. RESERVE OFFICERS ASS'N WASHINGTON DC USA  
Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: OCT 1948 - PRESENT

3. \_\_\_\_\_ Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: \_\_\_\_\_

4. \_\_\_\_\_ Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: \_\_\_\_\_

5. \_\_\_\_\_ Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: \_\_\_\_\_

6. \_\_\_\_\_ Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: \_\_\_\_\_

7. \_\_\_\_\_ Name and Chapter St. & No. City State Country

DATES OF MEMBERSHIP: \_\_\_\_\_



SEC. 23. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT" "FAIR" OR "FLUENT")

LANGUAGE	<input type="checkbox"/>	SPEAK	<u>FLUENT</u>	READ	<u>FAIR</u>	WRITE	<u>FAIR</u>
LANGUAGE	<input type="checkbox"/>	SPEAK	<u>FLUENT</u>	READ	<u>FLUENT</u>	WRITE	<u>FLUENT</u>
LANGUAGE	_____	SPEAK	_____	READ	_____	WRITE	_____

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

SWIMMING, SKIING, HORSEMANSHIP, FOOTBALL - GOOD.  
BASEBALL, ICE HOCKEY, LACROSSE, VOLLEYBALL, BADMINTON - FAIR.  
PHOTOGRAPHIC PROCESSES - STRONG AMATEUR INTEREST.

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

HAVE AN ABILITY TO WRITE, EITHER REPORTORIAL OR EDITORIAL, WHICH MIGHT BE SUITABLE FOR RESEARCH OR SPECIAL REPORTS WRITING.

D. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1939:

NONE OTHER THAN DEPT OF ARMY FOR COMMISSION AS OFFICER.

E. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

MILITARY INTELLIGENCE DIV, WAR DEPT., + FBI CONDUCTED LOYALTY CHECK SOMETIME BETWEEN FEB 1947 AND JUN 1947.



SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT ALEXANDRIA, VIRGINIA

DATE 25 NOV 1948

Walter C. [unclear]  
Witness

[unclear]  
Signature of Applicant

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

14. - I HAVE NEVER HELD A FULL-TIME CIVILIAN JOB, SINCE I ENTERED THE ARMY DIRECTLY FROM COLLEGE.

19. - I HAVE NEVER BOUGHT ANYTHING ON CREDIT. THEREFORE, I HAVE LISTED THREE CONCERNS WITH WHICH I HAVE TRANSACTED NORMAL BUSINESS.

12. - I ACQUIRED SUFFICIENT CREDITS FROM THE [unclear] SCHOOL AT THE U OF MICHIGAN TO RECEIVE A B.A. DEGREE, IN ABSENTIA, WHILE STILL ON ACTIVE SERVICE.

FROM SEP 1942 TO DEC 1942 I COMPLETED ONE SEMESTER AT TRINITY COLLEGE, HARTFORD, CONN.



E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? \_\_\_\_\_  
 PORT OF ENTRY? \_\_\_\_\_ ON PASSPORT OF WHAT COUNTRY? \_\_\_\_\_  
 LAST U.S. VISA \_\_\_\_\_  
Number Type Place of Issue Date of Issue

SEC. 2. PHYSICAL DESCRIPTION

AGE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
 EYES \_\_\_\_\_ HAIR \_\_\_\_\_ COMPLEXION \_\_\_\_\_ SCARS \_\_\_\_\_  
 BUILD \_\_\_\_\_ OTHER DISTINGUISHING FEATURES \_\_\_\_\_

X SEC. 3. MARITAL STATUS

A. SINGLE \_\_\_\_\_ MARRIED  DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS \_\_\_\_\_

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE — INCLUDE ANNULMENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE \_\_\_\_\_  
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE ALEXANDRIA, VA; 25 JUN 1949

HIS (OR HER) ADDRESS BEFORE MARRIAGE 705 S. ROYAL ST., ALEXANDRIA, VA.  
St. & No. City State Country

LIVING OR DECEASED LIVING DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR LAST, ADDRESS 1619 DOOLITTLE RD., ESSEX, MD.  
St. & No. City State Country

DATE OF BIRTH 19 JUN 28 PLACE OF BIRTH MINNEAPOLIS, MINN.  
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_

CITIZENSHIP U.S. WHEN ACQUIRED? \_\_\_\_\_ WHERE? \_\_\_\_\_  
City State Country

OCCUPATION HOUSEWIFE LAST EMPLOYER \_\_\_\_\_

EMPLOYER'S OR BUSINESS ADDRESS \_\_\_\_\_  
St. & No. City State Country

MILITARY SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
Date Date

COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOV'T. SERVICE, U.S. OR FOREIGN \_\_\_\_\_



OCCUPATION \_\_\_\_\_ LAST EMPLOYER \_\_\_\_\_  
 EMPLOYER'S OR OWN BUSINESS ADDRESS \_\_\_\_\_  
St. & No. City State Country  
 MILITARY SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
 COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

1. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last  
 PRESENT ADDRESS \_\_\_\_\_  
St. & No. City State Country Citizenship  
 2. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last  
 PRESENT ADDRESS \_\_\_\_\_  
St. & No. City State Country Citizenship  
 3. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last  
 PRESENT ADDRESS \_\_\_\_\_  
St. & No. City State Country Citizenship  
 4. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last  
 PRESENT ADDRESS \_\_\_\_\_  
St. & No. City State Country Citizenship  
 5. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last  
 PRESENT ADDRESS \_\_\_\_\_  
St. & No. City State Country Citizenship

X SEC. 8. FATHER-IN-LAW

FULL NAME \_\_\_\_\_  
First Middle Last  
 LIVING OR DECEASED LIVING DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_  
 PRESENT OR LAST ADDRESS \_\_\_\_\_  
St. & No. City State Country ST. ALEXANDRIA, VA.  
 DATE OF BIRTH 14 OCT 92 PLACE OF BIRTH ST. PAUL, MINN.  
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_  
 CITIZENSHIP US WHEN ACQUIRED? \_\_\_\_\_ WHERE? \_\_\_\_\_  
City State Country  
 OCCUPATION PUBLIC ADMINISTRATOR LAST EMPLOYER COUNCIL OF STATE GOVTS,  
1737 "K" ST, NW,  
WASH DC.

X SEC. 9. MOTHER-IN-LAW

FULL NAME \_\_\_\_\_  
First Middle Last

LIVING OR DECEASED LIVING DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR LAST, ADDRESS 705 S. ROYAL ST, ALEXANDRIA, VA  
St. & No. City State Country

DATE OF BIRTH 13 APR 00 PLACE OF BIRTH MINNEAPOLIS, MINN.

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED? \_\_\_\_\_ WHERE? \_\_\_\_\_  
City State Country

OCCUPATION HOUSEWIFE LAST EMPLOYER \_\_\_\_\_

X SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME NONE, other than mine RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

X SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT.

1. NAME NONE, other than mine RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State

TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State

TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State

TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_

13  
SEC. 24. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OR, OR HAVE YOU SUPPORTED ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES", EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? \_\_\_\_\_ IF SO, TO WHAT EXTENT? \_\_\_\_\_

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:  
\_\_\_\_\_  
\_\_\_\_\_

\*SEC. 25. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME  RELATIONSHIP WIFE  
ADDRESS 1619  ROAD, ESSEX, MD.  
St. & No. City State Country

SEC. 26. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Baltimore, Maryland DATE Oct 18 49  
City and State

Sylvia F. Chaitow  
Witness

[Signature]  
Signature of Applicant

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

14. Since August 29, 1947, I have been employed as Administrative Assistant to the Director of Planning, Housing Authority of Baltimore City, at the salary range of \$3,100 - \$3,900.

MILITARY RECORD AND REPORT OF SEPARATION  
CERTIFICATE OF SERVICE

GENERAL HEADQUARTERS, FAR EAST COMMAND, MILITARY INTELLIGENCE 1708 NORTH ST. PAUL STREET, BALTIMORE 18, MARYLAND		O 937 000	1ST LT	INF	ORC
27 OCT 48		SEPARATION CENTER FORT LAYTON, WASHINGTON			
20 JAN 49		BALTIMORE, MARYLAND			
BROWN BROWN		5'10"	145	O	
STUDENT, COLLEGE X-02					
MILITARY HISTORY					
27 JUN 46		(PRESS) CENSORSHIP OFFICER 9335			
NONE					
MILITARY MEDALS					
NONE					
MILITARY INTELLIGENCE SERVICE LANGUAGE SCHOOL, FT BRILLING, MINN.		18 SEP 46	JAPAN	23 SEP 46	
RR 1-1		9 OCT 48	USA	23 OCT 48	
31 OCT 48 30 NOV 48 - 6.50 X					
SECTION, GENERAL STAFF LAPEL BUTTON ISSUED					
ALVIN W. GASKETT CAPT USAF					



Army of the United States

CERTIFICATE OF SERVICE

This is to certify that

O 937 000 1ST LT  
GENERAL HEADQUARTERS, FAR EAST COMMAND,  
MILITARY INTELLIGENCE SECTION, GENERAL STAFF

honorably served in active Federal Service  
in the Army of the United States from

27 JUN 46 to 27 OCT 48

Given at SEPARATION CENTER, FORT LAYTON, WASHINGTON

on the 27 day of OCTOBER 1948

Thomas B. Hammond  
THOMAS B. HAMMOND  
MAJOR AGO



APPLICATION FOR FEDERAL EMPLOYMENT

**INSTRUCTIONS:** In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

<p>APPLICATION NO.</p>	<p>1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR <b>CIG</b></p> <p>2. OPTIONS: (if mentioned in examination announcement)</p> <p>3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)      4. DATE OF THIS APPLICATION</p> <p>5. NAME (First name) (Middle) (Maiden, if any) (Last) <b>WICKENBACHER</b></p> <p>6. (A) STREET AND NUMBER OR R. D. NUMBER <b>Wickenbacher Road, Wira Est.</b></p> <p>(B) CITY OR POST OFFICE (including postal zone) AND STATE <b>Essex 21, Maryland</b></p> <p>7. LEGAL OR USUAL RESIDENCE (State)      8. (A) OFFICE PHONE      (B) HOME PHONE <b>Maryland</b></p> <p>9. DATE OF BIRTH (month, day, year)      10. <input type="checkbox"/> MARRIED <b>JANUARY 20, 1921</b>      <input checked="" type="checkbox"/> SINGLE</p> <p>11. PLACE OF BIRTH (City and State; if born outside U. S., name city and country) <b>Baltimore, Maryland</b></p> <p>12. <input checked="" type="checkbox"/> MALE      13. (A) HEIGHT WITHOUT SHOES:      (B) WEIGHT: <b>5 FEET 10 INCHES</b>      <b>145 POUNDS</b></p> <p>14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE <b>Second Lt., 16 July 1946</b></p>	<p><b>DO NOT WRITE IN THIS BLOCK</b> For Use of Civil Service Commission Only</p> <p><input type="checkbox"/> APPROVED      MATERIAL <input type="checkbox"/> SUBMITTED      ENTERED REGISTER <input type="checkbox"/> NON-APPROVED      <input type="checkbox"/> RETURNED</p> <p>NOTATIONS:      APP. REVIEW:</p> <p>APPROVED:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OPTION</th> <th>GRADE</th> <th>EARNED RATING</th> <th>PREFERENCE</th> <th>ALLOW RATING</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 8 POINTS (CENT)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 10 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> WIFE OR WIDOW</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> DISAB.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> BEING INVESTIGATED</td> <td></td> </tr> </tbody> </table> <p>INITIALS AND DATE</p>	OPTION	GRADE	EARNED RATING	PREFERENCE	ALLOW RATING				<input type="checkbox"/> 8 POINTS (CENT)					<input type="checkbox"/> 10 POINTS					<input type="checkbox"/> WIFE OR WIDOW					<input type="checkbox"/> DISAB.					<input type="checkbox"/> BEING INVESTIGATED	
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			<input type="checkbox"/> DISAB.																													
			<input type="checkbox"/> BEING INVESTIGATED																													
<p>ANNOUNCEMENT</p>	<p>15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ <u>3,750</u> PER YEAR You will not be considered for any position with a lower entrance salary.</p> <p>(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR: <input type="checkbox"/> 1 TO 3 MONTHS      <input type="checkbox"/> 3 TO 6 MONTHS      <input checked="" type="checkbox"/> 6 TO 12 MONTHS</p> <p>NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.</p> <p>(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input type="checkbox"/> OCCASIONALLY      <input checked="" type="checkbox"/> FREQUENTLY      <input type="checkbox"/> CONSTANTLY</p> <p>16. EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.</p> <p>(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.</p> <p>(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."</p>																															
<p>① <b>PRESENT POSITION</b></p>																																
<p>DATES OF EMPLOYMENT (month, year)</p> <p>FROM      TO PRESENT TIME</p> <p>PLACE OF EMPLOYMENT (city and State)</p>	<p>EXACT TITLE OF YOUR PRESENT POSITION</p> <p>NAME AND TITLE OF IMMEDIATE SUPERVISOR</p>	<p>CLASSIFICATION GRADE (if in Federal Service)</p> <p>SALARY OR EARNINGS: STARTING \$      PER      PRESENT \$      PER</p>																														
<p>NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)</p>	<p>KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale store, insurance agency, manufacture of locks, etc.)</p>	<p>REASON FOR DESIRING TO CHANGE EMPLOYMENT</p>																														
<p>NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU</p>	<p>DESCRIPTION OF YOUR WORK</p> <p style="text-align: center;"><b>WAR DEPARTMENT</b></p>																															





5. CALL OUT EMPLOYMENT: FROM: [ ] TO: [ ] MONTHS, YEAR: [ ] LAST TITLE OR YOUR POSITION: [ ] CLASSIFICATION GRADE (if in Federal service): [ ] SALARY OR EARNINGS: STARTING \$ [ ] PER [ ] FINAL \$ [ ] PER [ ]

PLACE OF EMPLOYMENT (city and State): [ ] NAME AND TITLE OF IMMEDIATE SUPERVISOR: [ ]

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): [ ] KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale dist., insurance agency, manufacture of locks, etc.): [ ]

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: [ ] REASON FOR LEAVING: [ ]

DESCRIPTION OF YOUR WORK: [ ]

If more space is required, use a continuation sheet (Standard Form No. 55) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING: In the space below, describe any training received in the Armed Services (not already listed under item 16) that would assist in appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)

DATES		LOCATION	DESCRIPTION OF TRAINING
FROM	TO		
Jan. 45	Dec. 45	Ann Arbor, Michigan AISC, U. of Michigan	languages, customs, sociology, her- and-why-of [ ] history and economic aggression. Written: [ ] (Continued)

18. EDUCATION. (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 (12)

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF:

<input type="checkbox"/> ELEMENTARY SCHOOL	<input type="checkbox"/> JUNIOR HIGH SCHOOL	<input checked="" type="checkbox"/> SENIOR HIGH SCHOOL
--	---	--

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED: High School of Montreal

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED: English, French, physics, history.

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR AND SPECIALTY	DATES ATTENDED		YEARS COMPLETED		DEGREES CONFERRED		SEMESTER HOURS CREDIT
		FROM	TO	DAY	NIGHT	TITLE	DATE	
Sir Geo. Williams College	Fren	Sep. 40	May 42	2				66
Trinity College, Conn.	Fren	Sep. 42	Dec. 42	1				12
U. Michigan, Ann Arbor	Jan.	Jan. 45	Dec. 45	1		B.S.	Feb. 47	45

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS: English 15, English 12, [ ] 24

(E) LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS: [ ]

(F) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT: USAFI

SUBJECTS STUDIED	DATES ATTENDED		YEARS COMPLETED	
	FROM	TO	DAY	NIGHT
Journalism	Apr. 47	Pres.		

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES:

LANGUAGE	READING		SPEAKING		UNDERSTANDING	
	EXC.	GOOD FAIR	EXC.	GOOD FAIR	EXC.	GOOD FAIR
[ ]		X		X		X
[ ]		X		X		X

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE:

(1) NAMES OF COUNTRIES	(2) DATES AND LENGTH OF TIME SPENT THERE, AND	(3) REASON OR PURPOSE (e.g., military service, business, education)
Canada	5 yrs, 1927-1932	1 yr
[ ]	3 mos, 1927; 3 mos, 1944	

21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTITHRU, COMPTON, ETHER, RAY-BUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES: All cine equip; teletypes; short-wave receivers & transmitters. APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING: [ ] SHORTHAND: [ ]

22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)?

YES  NO GIVE KIND OF LICENSE AND STATE: Public relations as interpreter in ETO and [ ] Censor and review-editor of [ ] news, radio and motion-picture fields.

24. REFERENCES List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not give names of supervisors listed under item 16 (EXCEPTIVE):

FULL NAME	PRESENT BUSINESS OR PROFESSIONAL ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1. Col. Kai E. Rasmussen	(Washington 25 DC) Diplomatic Sec, Leg. Att., AS Preside of Monterey,	Mil Attache
2. Mr. Rutaka Munakata	Academic Sec, U.S.S. Calif.	Instructor
3. Lt. I. B. McNeil	1928 McKinley Ave, Honolulu, T.H.	CIC

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY YOU BE RECALLED BY YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?	X		35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		X
26. ARE YOU A CITIZEN OF, OR DO YOU OWE ALLEGIANCE TO, THE UNITED STATES?	X		36. DOES THE UNITED STATES HAVE ANY TIME EMPLOYED IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS OFF BLEND OR MARRIAGE WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?		X
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?		X	<b>SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE</b> A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein. B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if approved, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States at time of war.		
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X	37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR ENCOURAGING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		X	(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X	

30. SINCE YOUR 17TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO FURNISH BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (INCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTIFITURE OF \$5 OR LESS WAS IMPOSED)?

If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.

ITEM NO	DESCRIPTION	ITEM NO	DESCRIPTION
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM PROBATION OR UNSUCCESSFUL SERVICE FROM ANY POSITION?		37. (C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?	X
32. HAVE YOU EVER BEEN PUNISHED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?		(D) DATE OF ENTRY ON ACTIVE SERVICE	15 Feb 1943
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?	X	DATE OF SEPARATION OR SEPARATIONS	Present
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?		BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)	Army
		SERIAL NO. (If none, give grade or rating at time of separation)	3736266; 0-577200

ITEM NO	DESCRIPTION	ITEM NO	DESCRIPTION
35. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM PROBATION OR UNSUCCESSFUL SERVICE FROM ANY POSITION?	X	38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?	X
36. ARE YOU A DISABLED VETERAN?	X	(B) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?	
37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	(C) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE-CONNECTED DISABILITY WHICH QUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?	

**THIS SPACE FOR USE OF APPOINTING OFFICER ONLY**  
 The information contained in the answers to Question 27 above has been verified by comparison with the discharge certificate on \_\_\_\_\_, 19\_\_\_\_.

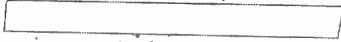
Agency: \_\_\_\_\_ Title: \_\_\_\_\_

33. Hernia, inguinal - repairable.

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by law (U. S. Code, Title 18, Section 80). SIGNATURE OF APPLICANT \_\_\_\_\_ (Sign your name in INK (not pencil). Miss or Mrs. and if married, use your own given name as "Mrs. Mary L. Doe".)



17. MILITARY TRAINING (continued)

Rating received at end of this training: Tec 4

Duty assignment or rating after this training: assignment to MISLS.

Dates of duty assignment: Jan 1946 to Aug. 1946

Second Special Service School attended: MISLS, Fort Snelling, Minn.

Location: Fort Snelling, 11, Minnesota


Dates Attended: Jan 1946 To: Aug. 1946

Rating received at end of this training: Second Lieutenant

What were you taught in Second Special Service School? Order of battle, military terms of the Japanese armed forces.

Civil affairs, military administration of occupied areas, propaganda writing.

Duty assignment after this training: Student; translator; instructor.

What did you do during this duty assignment? Translated newspaper articles, ordinances, SCAP directives, etc.  Made instructor's guides for civil affairs courses.

SECRET

Date: 13 October 1963

MEMORANDUM FOR: Chief, Personnel Security Division/Office of Security

SUBJECT : [REDACTED] (P): Your Number: 37833

1. In compliance with paragraph four (4) of your latest memorandum, subject as above, clearance to cover the following proposed change in Subject's status and/or use is hereby requested:

Ops Officer	Position Title	Ops Officer
GS-15	Grade	GS-15
DDP/SR Foreign Field Western European Area [REDACTED]	Orgn Designation	DDP/WE [REDACTED] External Ops Station
[REDACTED]	Headquarters	[REDACTED]

2. Changes other than specified above:

3. The proposed effective date of this change is: 13 October 1963.

*Joseph B. Ragan*  
JOSEPH B. RAGAN  
Chief, Contract Personnel Division

Date 18 OCT 1963

Security Approval has been granted for the use authorized by this request

*[Signature]*  
Chief, Personnel Security Division

SECRET

*Doc*

SECRET  
(When filled in)

DATE: 31 July 1962

MEMORANDUM FOR: Chief, Contract Personnel Division  
ATTENTION : Staff Agents Branch  
FROM : Chief, Personnel Security Division  
SUBJECT :  #37833

1. Reference is made to your memorandum dated 24 July 1962 in which a covert security clearance was requested to permit Subject's use as a Staff Agent, GS-14, by DDF/SR in the capacity of Operations Officer at .

2. This is to advise that a covert security clearance is granted for the use of the Subject, as described in your request as set forth in paragraph 1, above.

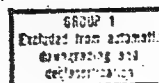
3. If your office should desire at a later date to change the status or use of this individual, a request to cover any proposed change should be submitted to this office.

4. This clearance becomes invalid in the event that Subject's services are not utilized within six months of the date of this memorandum.

FOR THE DIRECTOR OF SECURITY:

*W. A. Osborne*  
W. A. Osborne *mu*

SECRET  
(When filled in)



PERSONAL HISTORY STATEMENT - (Appendix I)

Listed below are names of organizations identified by the Attorney General, under his responsibility pursuant to Executive Order 9835, dated 21 March 1947, to list the names of each foreign or domestic organization, association, movement, group or combination of persons which he, after appropriate investigation and determination, designates as Totalitarian, Fascist, Communist, or subversive, or as having adopted a policy of advocating or approving the commission of acts of force or violence to deny others their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

Each applicant must review the following list of organizations for certification purposes, and signature on the last page.

Abraham Lincoln School, Chicago, Illinois  
American Association for Reconstruction in Yugoslavia, Inc.  
American Committee for Protection of Foreign Born  
American Committee for Yugoslav Relief, Inc.  
The American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity  
American Croatian Congress  
American League Against War and Fascism  
American League for Peace and Democracy, successor to American League Against War and Fascism and predecessor of American Peace Mobilization  
American Patriots, Inc.  
American Peace Mobilization  
American Polish Labor Council  
American Russian Institute of San Francisco  
American Slavic Congress  
American Youth Congress  
American Youth for Democracy  
Armenian Progressive League of America  
Association of German Nationals (Reichsdeutsche Vereinigung)  
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party  
Black Dragon Society  
California Labor School, Inc., 215 Market Street, San Francisco, California  
Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women  
National Council of Croatian Women  
Central Japanese Association (Beikoku Chuo Nipponjin Kai)  
Central Japanese Association of Southern California  
The Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)  
The Citizens Protective League  
Civil Rights Congress and its affiliated organizations and branches.

The Columbians  
Communist Party, U.S.A., formerly Communist Political  
Association, and its affiliates and committees,  
including:

Citizens Committee of the Upper West Side  
(New York City)  
Committee to Aid the Fighting South  
Dennis Defense Committee  
Labor Research Association, Inc.  
Southern Negro Youth Congress  
United May Day Committee  
United Negro and Allied Veterans of America  
Congress of American Revolutionary Writers  
Congress of American Women  
Connecticut State Youth Conference  
Council on African Affairs  
Council for Pan-American Democracy  
Dai Nippon Butoku Kai (Military Art Society of  
Japan or Military Art Society of Japan)  
Dante Alighieri Society  
Federation of Italian War Veterans in the U.S.A., Inc.  
(Associazione Nazionale Combattenti Italiani,  
Federazione degli Stati Uniti d' America)  
Friends of the New Germany (Freunde des Neuen Deutschlands)  
Friends of the Soviet Union and its successor  
American Council on Soviet Relations, both predecessors  
of the National Council of American Soviet Friendship  
George Washington Carver School, New York City  
German-American Bund (Amerikadeutscher Volksbund)  
The German-American Republican League  
German-American Vocational League (Deutsch-Amerikanische  
Berufsgemeinschaft)  
Hokuriku Kai, also known as Hokubei Heiki Gishu Kai,  
Zaibei Nihonjin, Heiyaku Gishu Kai, and Zaibei  
Heiryaku Kai (Japanese Residing in American Military  
Conscripts Association)  
Hinodo Kai (Imperial Japanese Reservists)  
Hinomaru Kai (Rising Sun Flag Society - a group of  
Japanese War Veterans)  
Hokubei Zaigo Shoko Dan (North American Reserve Officers  
Association)  
Hollywood Writers Mobilization for Defense  
Hungarian-American Council for Democracy  
International Labor Defense  
International Workers Order, including People's Radio  
Foundation, Inc.  
Japanese Association of America  
Japanese Overseas Central Society (Kaigai Dobo Chuo Kai)

Japanese Overseas Convention, Tokyo, Japan, 1940  
 Japanese Protective Association (Recruiting Organization)  
 Jefferson School of Social Science, New York City  
 Jewish Peoples Committee  
 Jikyoku Iin Kai (Current Affairs Association)  
 Joint Anti-Fascist Refugee Committee  
 Kibei Seinen Kai (Association of U. S. Citizens of  
 Japanese Ancestry who have returned to America after  
 studying in Japan)  
 Ku Klux Klan  
 Kyffhaeuser, also known as Kyffhaeuser League  
 (Kyffhaeuser Bund), Kyffhaeuser Fellowship  
 (Kyffhaeuser Kameradschaft)  
 Kyffhaeuser War Relief (Kyffhaeuser Kriegshilfswerk)  
 League of American Writers  
 Lictor Society (Italian Black Shirts)  
 Macedonian-American People's League  
 Mario Morgantini Circle  
 Michigan Civil Rights Federation  
 Nanka Toikoku Ganyudan (Imperial Military Friends  
 Group or Southern California War Veterans)  
 National Committee for the Defense of Political Prisoners  
 National Committee to Win the Peace  
 National Council of American-Soviet Friendship  
 National Council of Americans of Croatian Descent  
 National Federation for Constitutional Liberties  
 National Negro Congress  
 Nature Friends of America (since 1935)  
 Negro Labor Victory Committee  
 New Committee for Publications  
 Nichibei Kogyo Kaisha (The Great Fujii Theatre)  
 Northwest Japanese Association  
 Ohio School of Social Sciences  
 The Peace Movement of Ethiopia  
 Peoples Educational Association (Incorporated under  
 name Los Angeles Educational Association, Inc.), also  
 known as Peoples Educational Center, Peoples University,  
 People's School  
 People's Institute of Applied Religion  
 Philadelphia School of Social Science and Art  
 Photo League (New York City)  
 Proletarian Party of America  
 Protestant War Veterans of the U.S., Inc.  
 Revolutionary Workers League  
 Sakura Kai (Patriotic Society, or Cherry Association -  
 composed of veterans of Russo-Japanese War)  
 Samuel Adams School, Boston, Massachusetts  
 School of Jewish Studies, New York City  
 Seattle Labor School, Seattle, Washington  
 Serbian Vidovdan Council  
 Shinto Temples





**SECRET**

SECURITY APPROVAL

~~SECRET~~

To : ~~XXXXXXXXXXXX~~ Deputy Personnel Officer Date: 10 June 1949  
 From : Chief of Inspection and Security Number: 37833  
 Subject:

1. Note "X" below:

Security approval is granted subject for access to classified information contingent upon the receipt of derogatory information at some future date.

Provisional clearance for full duty with CIA is granted under the provisions of paragraph 4, Administrative Instruction 10-2, which provides for a temporary appointment pending the completion of full security investigation.

Unless the applicant enters upon duty within 60 days from above date this approval becomes invalid.

2. Your memorandum dated 14 March 1949 stated Subject is an applicant for OPC.

*AK 17 July 53*

*[Signature]*  
 ERNEST P. CRISS

Chief, Personnel Security Division

*Branch notified  
14 June  
CD*

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